# 7 Deadly Symptoms to Treat *Now!*

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Reader's Digest .com

"A 10-minute catnap can happen"

**WILL FERRELL** tattles on Tina Fey

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## Customer Complaints That Get Results

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[1]Ginde A.A. Demographic difference and trends of vitamin D insufficiency in the US population, 1988-2004. Nat Rev Rheumatol. 2009 Aug; 5(8):417-8.

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LIFE WELL SHARED

Reader's Digest

NOVEMBER 2010

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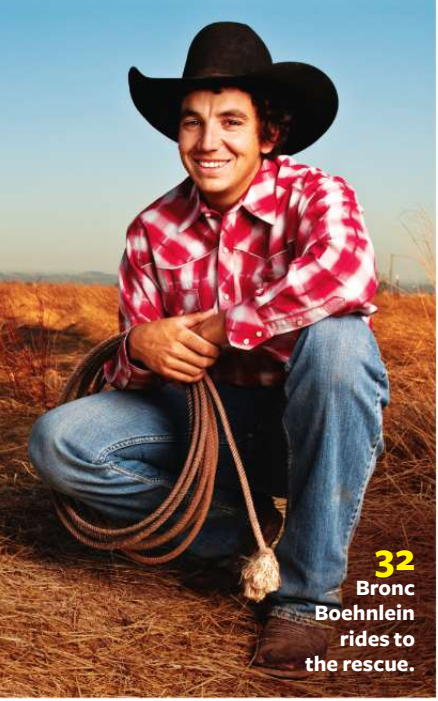
**Reunited: Meredith Ellen Harrington (left) and Meredith Grace Rittenhouse.**

CHARLES OMMANNEY/GETTY IMAGES; ON THE COVER: (PLANE) RADIUS IMAGES/CORBIS; (FERRELL) MICHAEL MURPHREE/DREAMWORKS ANIMATION



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ILLUSTRATED BY DAVID GOLDIN; PHOTOGRAPHED BY MICHAEL O'BRIEN

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## Shrinking Savings

Bravo to Michael Crowley for his excellent research, common sense, and reporting on the shameful interest rates being paid to small and moderate savers (Outrageous! "Bonus Question"). This amounts to a subsidy for the financial institutions. It's so discouraging: Instead of being rewarded, Americans are seeing their savings shrink like an ice cube in the Georgia sunshine.

*Jack Brinkley,* Columbus, Georgia

When I retired in 1987, interest rates were 6 to 7 percent—enough for us to live on. My Social Security check provided extra money that we could use to help our kids or maybe take a trip. Now we depend on it to get by. We will call the number in your article and fight to have Philip Moeller's proposal pushed through. We are tired of having to scrimp and save because of other people's greed and stupidity.

*Tom Eldridge,* Sacramento, California

I'm a senior citizen who worked my entire life and saved my wages. Now, thanks to the Federal Reserve, I'm earning next to nothing on my certificates of deposit. Your statement is so true: "The only winners are the big banks!"

*Noel Kimble,* Idaho Falls, Idaho

## Smart Talkers

I got a kick out of the bloopers in "How to Sound Smarter." What about the phrase "free gift"? I've never gotten a gift in my life that wasn't free, yet commercials constantly blare, "Call now for your free gift." Duh!

*Jim Green,* Rockford, Illinois

My biggest language peeve: "one of the only." How has this meaningless phrase become so ingrained in our language? A thing is either the *only* one of its kind or *one* of a group of things. It cannot be both.

*Bill Schoenborn,* Agawam, Massachusetts

## The Danger Within

After reading Shannon Brownlee and Jeanne Lenzer's article about the dangers of some medical devices

## WHAT HAVE YOU LEARNED FROM YOUR MISTAKES? ... THE READER'S DIGEST VERSION

To err is human; to learn from your mistakes is divine. This month, our readers elaborate.

>> The mistake of not standing up for myself cost me the most.
*L. C.,* Alpharetta, Georgia

>> Not saying "I love you" often enough and not telling individuals how much they really mean to me.
*P. M.,* Chatham, Illinois

>> Gossip. What you say is changed and ends up hurting someone.
*D. J.,* Houston, Texas

>> I took a job that I hated, and I will never do that again.
*S. D.,* Worcester, Massachusetts

>> Not speaking up when I should.
*G. W.,* Oliver Springs, Tennessee

>> I thought speeding in cars was fun. A serious accident taught me to be very careful. *P. H.,* Tempe, Arizona

>> Sticking my nose in other people's business! I have complicated situations for others more than once.
*C. M.,* Lyon, Michigan

>> Buying our first home too soon. We ended up going into debt to pay other bills. *S. S.,* Louisburg, Kansas

>> Not backing up my hard disk.
*S. H.,* Teaneck, New Jersey

**Want your opinion heard?** Join Our Connection, the *Reader's Digest* Reader Panel, and take part in short surveys. Sign up at readersdigestconnection.com and register to win $30,000.

("Busted!"), I had my daughter research a popular birth control device to see if her abdominal pain was a possible side effect. While reading some of the online message boards, we were shocked to realize that the side effects were exactly what my daughter had been experiencing. What's more, women said their feelings of worthlessness, depression, and suicidal thoughts disappeared after the device was removed. Your article may have just saved my daughter's life.

*M. J.,* Front Royal, Virginia

## True "Soldier"

"Saving Tre" was an inspiring story about the bravery of one of America's heroes and the devotion of the doctors who saved his life. But the word *soldier* was used incorrectly several times in the story. A member of the Air Force is an airman, not a soldier. Those serving in the Navy are sailors; people in the Marines are Marines. Don't call them soldiers unless you want a fight on your hands.

*Sharon Stafford,* Plano, Texas

## Cry Babies

I think Jeanne Marie Laskas missed the mark with her advice to the mom whose crying baby bothered a neighbor. I'm a mother of two young children, and I do not expect others to adjust to me. It is not up to the neighbors to sleep with their windows shut or buy earplugs. The parents should purchase a portable



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air-conditioning unit for their bedroom and close their windows to muffle the baby's cries. They're the ones creating the disturbance.

*Kyrie Collins,* Castle Rock, Colorado

No one enjoys listening to barking dogs, loud parties, car alarms, and crying babies, particularly at night. It is everyone's responsibility to keep noise within the boundaries of his or her own living space as much as possible. I'm tired of people thinking that they have no responsibility to respect the peace and quiet of others.

*Diane Hunsaker,* Albany, Oregon

## Too Much Information

After reading "13 Things an Identity Thief Won't Tell You," I called the number listed to stop banks from sending preapproved credit offers. I got a prerecorded question-and-answer prompt. After verifying my name, address, and phone number, I was asked for my Social Security number. That's when I hung up. We have done this in the past for unwanted mail, and nobody else asked for a Social Security number. I think that may have been a scam.

*William Shukle,* Summerfield, Florida

*Editors' note: This is not a scam. The number, 888-5-OPTOUT, is endorsed by the Federal Trade Commission, which advises: "When you call or visit the website, you'll be asked to provide certain personal information, including your home telephone number, name, Social Security number, and date of birth. The information is confidential and will be used only to process your request to opt out."*

## What Would Ben Do?

I teach English literature and writing to high school seniors, often focusing on the theme of character building. After reading "How Ben Franklin Changed My Life," I was thrilled. The ideas and moral tenets reflect what I attempt to instill in my students. Reading about Cameron Gunn's experiment with Franklin's 13 virtues is a meaningful way for my class to appreciate how their lives could change by caring deeply about others.

*Denise P. Grove,* Midland, Virginia

## How to Reach Us

**>> Letters to the Editor**

- letters@readersdigest.com
- React, Reader's Digest, PO Box 6100, Harlan, Iowa 51593-1600.

Include your full name, address, e-mail, and daytime phone number.

We may edit letters and use them in all print and electronic media.

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**STELARA® is a prescription medicine approved to treat adults 18 years and older with moderate or severe plaque psoriasis that involves large areas or many areas of their body, who may benefit from taking injections or pills (systemic therapy) or phototherapy (treatment using ultraviolet light alone or with pills).**

**IMPORTANT SAFETY INFORMATION**

STELARA® is a prescription medicine that affects your immune system. STELARA® can increase your chance of having serious side effects including:

**Serious Infections**

STELARA® may lower your ability to fight infections and may increase your risk of infections. While taking STELARA,® some people have serious infections, which may require hospitalization, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses.

- Your doctor should check you for TB before starting STELARA® and watch you closely for signs and symptoms of TB during treatment with STELARA.®
- If your doctor feels that you are at risk for TB, you may be treated for TB before and during treatment with STELARA.®

You should not start taking STELARA® if you have any kind of infection unless your doctor says it is okay.

Before starting STELARA,® tell your doctor if you think you have an infection or have symptoms of an infection such as:

- fever, sweats, or chills
- muscle aches
- cough
- shortness of breath
- blood in your phlegm
- weight loss
- warm, red, or painful skin or sores on your body
- diarrhea or stomach pain
- burning when you urinate or urinate more often than normal
- feel very tired
- are being treated for an infection
- get a lot of infections or have infections that keep coming back
- have TB, or have been in close contact with someone who has TB

After starting STELARA,® call your doctor right away if you have any symptoms of an infection (see above).

STELARA® can make you more likely to get infections or make an infection that you have worse. People who have a genetic problem where the body does not make any of the proteins interleukin 12 (IL-12) and interleukin 23 (IL-23) are at a higher risk for certain serious infections that can spread throughout the body and cause death. It is not known if people who take STELARA® will get any of these infections because of the effects of STELARA® on these proteins.

**Cancer**

STELARA® may decrease the activity of your immune system and increase your risk for certain types of cancer. Tell your doctor if you have ever had any type of cancer.

**Reversible posterior leukoencephalopathy syndrome (RPLS)**

RPLS is a rare condition that affects the brain and can cause death. The cause of RPLS is not known. If RPLS is found early and treated, most people recover. Tell your doctor right away if you have any new or worsening medical problems including: headache, seizures, confusion, and vision problems.

**Before receiving STELARA,® tell your doctor if you:**

- have any of the conditions or symptoms listed above for serious infections, cancer, or RPLS.
- have recently received or are scheduled to receive an immunization (vaccine). People who take STELARA® should not receive live vaccines. Tell your doctor if anyone in your house needs a vaccine. The viruses used in some types of vaccines can spread to people with a weakened immune system, and can cause serious problems. **You should not receive the BCG vaccine during the one year before taking STELARA® or one year after you stop taking STELARA.®** Non-live vaccinations received while taking STELARA® may not fully protect you from disease.
- receive phototherapy for your psoriasis.
- have any other medical conditions.
- are pregnant or plan to become pregnant. It is not known if STELARA® will harm your unborn baby. You and your doctor should decide if you will take STELARA.®
- are breast-feeding or plan to breast-feed. It is thought that STELARA® passes into your breast milk. You should not breast-feed while taking STELARA® without first talking to your doctor.

**Tell your doctor about all the medicines you take,** including prescription and non-prescription medicines, vitamins, and herbal supplements. Especially tell your doctor if you take:

- other medicines that affect your immune system
- certain medicines that can affect how your liver breaks down other medicines

**Common side effects of STELARA® include:** upper respiratory infections, headache, and tiredness.

These are not all of the side effects with STELARA.® Tell your doctor about any side effect that bothers you or does not go away. Ask your doctor or pharmacist for more information.

**You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.**

**Please read accompanying Medication Guide for STELARA® and discuss any questions you have with your doctor.**

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If you suffer from **moderate or severe plaque psoriasis**...

# Imagine the possibilities of clearer skin

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Discover a proven psoriasis therapy. In a medical study, 7 out of 10 STELARA® patients saw at least 75% clearer skin at 12 weeks, and 6 out of 10 patients had their plaque psoriasis rated as cleared or minimal at 12 weeks.
*Individual results may vary.*

The safety and effectiveness of STELARA® have not been evaluated beyond two years.

Discover a convenient psoriasis therapy. STELARA® is an injection given under the skin by a healthcare provider as directed by your doctor at weeks 0, 4, and every 12 weeks thereafter. Each injection is given using a small needle. STELARA® is available in 45 mg or 90 mg doses; your doctor will choose the right dose for you. Make sure you keep all your scheduled follow-up appointments.

Ask your dermatologist about STELARA®.

**Visit STELARAinfo.com or call 1-866-709-1050 to learn more.**

**Please read the Important Safety Information on the adjacent page.**

MEDICATION GUIDE FOR STELARA® INJECTION

Read this Medication Guide before you start taking STELARA® and each time before you get an injection. There may be new information. This Medication Guide does not take the place of talking with your doctor about your medical condition or treatment with STELARA®.

**What is the most important information I should know about STELARA®?**

STELARA® is a medicine that affects your immune system. STELARA® can increase your chances of having serious side effects, including:

**Serious Infections:** STELARA® may lower the ability of your immune system to fight infections and may increase your risk of infections. Some people have serious infections while taking STELARA,® including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses. Some people have to be hospitalized for treatment of their infection.

- Your doctor should check you for TB before starting STELARA®
- If your doctor feels that you are at risk for TB, you may be treated with medicine for TB before you begin treatment with STELARA® and during treatment with STELARA®
- Your doctor should watch you closely for signs and symptoms of TB during treatment with STELARA®

You should not start taking STELARA® if you have any kind of infection unless your doctor says it is okay.

**Before starting STELARA,® tell your doctor** if you think you have an infection or have symptoms of an infection such as:

- fever, sweats, or chills
- muscle aches
- cough
- shortness of breath
- blood in your phlegm
- weight loss
- warm, red, or painful skin or sores on your body
- diarrhea or stomach pain
- burning when you urinate or urinate more often than normal
- feel very tired
- are being treated for an infection
- get a lot of infections or have infections that keep coming back
- have TB, or have been in close contact with someone who has TB

**After starting STELARA,® call your doctor right away** if you have any symptoms of an infection (see left).

STELARA® can make you more likely to get infections or make an infection that you have worse.
People who have a genetic problem where the body does not make any of the proteins interleukin 12 (IL-12) and interleukin 23 (IL-23) are at a higher risk for certain serious infections. These infections can spread throughout the body and cause death. It is not known if people who take STELARA® will get any of these infections, because of the effects of STELARA® on these proteins in your body.

**Cancer:**
STELARA® may decrease the activity of your immune system and increase your risk for certain types of cancers. Tell your doctor if you have ever had any type of cancer.

**Reversible posterior leukoencephalopathy syndrome (RPLS):**
RPLS is a rare condition that affects the brain and can cause death. The cause of RPLS is not known. If RPLS is found early and treated, most people recover. Tell your doctor right away if you have any new or worsening medical problems including:

- headache
- seizures
- confusion
- vision problems

**What is STELARA®?**

STELARA® is a prescription medicine used to treat adults 18 years and older with moderate or severe psoriasis that involves large areas or many areas of their body, who may benefit from taking injections or pills (systemic therapy) or phototherapy (treatment using ultraviolet light alone or with pills).

STELARA® may improve your psoriasis but may also lower the ability of your immune system to fight infections. This may also increase your risk for certain types of cancer.

It is not known if STELARA® is safe and effective in children.

It is not known if taking STELARA® for more than two years is safe and effective.

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Stelara (ustekinumab)

**What should I tell my doctor before receiving STELARA®?**

**Before receiving STELARA,® tell your doctor if you:**

- have any of the conditions or symptoms listed in the section "What is the most important information I should know about STELARA®?"
- have recently received or are scheduled to receive an immunization (vaccine). People who take STELARA® should not receive live vaccines. Tell your doctor if anyone in your house needs a vaccine. The viruses used in some types of vaccines can spread to people with a weakened immune system, and can cause serious problems. **You should not receive the BCG vaccine during the one year before taking STELARA® or one year after you stop taking STELARA.®** Non-live vaccinations received while taking STELARA® may not fully protect you from disease.
- receive phototherapy for your psoriasis.
- have any other medical conditions.
- are pregnant or plan to become pregnant. It is not known if STELARA® will harm your unborn baby. You and your doctor should decide if you will take STELARA.®
- are breast-feeding or plan to breast-feed. It is thought that STELARA® passes into your breast milk. You should not breast-feed while taking STELARA® without first talking with your doctor.

**Tell your doctor about all the medicines you take,** including prescription and non-prescription medicines, vitamins, and herbal supplements. Especially tell your doctor if you take:

- other medicines that affect your immune system.
- certain medicines that can affect how your liver breaks down other medicines.

Ask your doctor or pharmacist if you are not sure if your medicine is one that is listed above.

Know the medicines you take. Keep a list of them to show your doctor and pharmacist when you get a new medicine.

**How will I receive STELARA®?**

- STELARA® is given by injection under the skin (subcutaneous injection).
- STELARA® should only be given by a healthcare provider as directed by your doctor.
- Your doctor will decide the right dose of STELARA® for you and how often you should receive it.
- Be sure to keep all of your scheduled follow-up appointments.

**What should I avoid while receiving STELARA®?**

You should not receive a live vaccine while taking STELARA® See "What should I tell my doctor before taking STELARA®?"

**What are the possible side effects of STELARA®?**

STELARA® can increase your chances of having serious side effects. See "What is the most important information I should know about STELARA®?"

**Common side effects of STELARA® include:**

- upper respiratory infections
- headache
- tiredness

These are not all of the possible side effects of STELARA.® Tell your doctor about any side effect that bothers you or that does not go away. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088 or to Centocor Ortho Biotech Inc. at 1-800-457-6399.

**General information about STELARA®**

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide.

This Medication Guide summarizes the most important information about STELARA® If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about STELARA® that was written for healthcare professionals.

**What are the ingredients in STELARA®?**

Active ingredient: ustekinumab

Inactive ingredients: L-histidine, L-histidine monohydrochloride monohydrate, polysorbate 80, and sucrose.

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Vial Manufactured by: Centocor Ortho Biotech Inc., Horsham, PA 19044, License No. 1821 at Cilag AG, Schaffhausen, Switzerland

Revised December 2009

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# The Digest

the who • the how • the now

**Pioneer color** photographer William Christenberry focuses on home territory in *Kodachromes* (Aperture, $65). Hale County, Alabama's ancient kudzu and red-dirt roads, its dilapidated outbuildings and decaying tin roofs, contrast with its newer barbershop and Bar-B-Q Inn—and the encroaching signs of modern advertising. Nehi, anyone?

The checks helped out these families—and 148 others—in Canton.

# The Secret Provider

## How a series of gifts from a stranger eased the Depression for hundreds of people

Not long ago, Ted Gup opened a battered old suitcase from his mother's attic and discovered a family secret. Inside was a thick sheaf of letters addressed to "B. Virdot," all dated December 1933, all asking for help. Also inside: 150 canceled checks signed by the mysterious Virdot.

Gup, a journalism professor at Boston's Emerson College, quickly got to the bottom of the story: His grandfather Samuel Stone had used the pseudonym to slip money to impoverished people. "At the time, he caused quite a stir," says Gup, who chronicles the story in *A Secret Gift: How One Man's Kindness—and a Trove of Letters—Revealed the Hidden History of the Great Depression* (Penguin Press, $25.95).

Stone wasn't a mogul, but as the owner of a chain of clothing stores, he was fairly well off. Just before Christmas, 1933, he placed an ad in his local Canton, Ohio, newspaper, offering money to 75 people who wrote to "B. Virdot" explaining their need. The letters poured in and were so heartrending that he ended up giving 150 people $5—close to $84 in today's money.

"I read all the letters multiple times," says Gup, who was astonished by the raw anguish of the Depression. Then he tracked down the recipients' descendants.

"Most people I contacted wept when they learned about the letters," Gup says. "When they *read* the letters, they sobbed, and I had to give them room to collect themselves. It brought home what their parents and grandparents had endured"—no money for food, shoes, rent, let alone anything to give their kids for Christmas.

"There were instances in which the calamity of the Depression was so great that $5 barely made a dent," Gup says. "But there were others for whom it really did make a difference. It provided Christmas dinner, a few presents under the tree ... and at least as important, it signaled that somebody cared. In 1933, the New Deal was a glint in FDR's eye; it was just beginning. There was no net to catch

(TOP LEFT) COURTESY REBECCA CANOYER; (TOP RIGHT) COURTESY LEONARD GISSINER



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people when they were free-falling."

Some whom Gup contacted finally understood why their parents had been able to serve a fancy meal for just that one holiday; others learned harsh truths. "The children of several letter writers were unaware that their parents had gone to jail," driven by desperation to steal to put food on the table. "That did not diminish their respect or love for their parents,"

"Our identity as individuals and as a nation," Gup says, "is the product **not just of good times but also of bad times."**

he says, "but it enhanced their understanding."

Gup found out that his grandfather had his own dark past. He'd been born in Romania, not—as he'd claimed—Pittsburgh; his birth certificate was phony, and he'd invented his biography. Gup speculates that, having escaped a childhood of poverty, hunger, and religious persecution (he was Jewish), his grandfather lied to escape bias against immigrants. That Stone wasn't a saint, that he'd done whatever it took to escape adversity, helped explain his motives: He understood despair, Gup says, and that "nothing was more precious than a second chance."

On November 5, the descendants of the people Stone helped are scheduled to gather at the Canton Palace Theatre in Canton to share stories and read the original letters.

As for Gup, he views the legacy of the Depression as "a real appreciation of family, of collaboration and sacrifice, of respect—what we tend to think of as American virtues. The hard times were brutal, but they did create an awareness that saw us through the Second World War and helped usher in a period of prosperity, an awareness I fear was being lost in materialism and self-absorption prior to the recent great recession.

"No one in his right mind would welcome such times," Gup says. "My family and neighbors have felt the sting of this recession. But our identity as individuals and as a nation is the product not just of good times but also of bad times. They give us our spine, our strength, our gumption, our grit, all those things we take such pride in.

"I think B. Virdot's gift is a reminder that we should all be emboldened to make an effort, no matter how modest, to extend ourselves. That's what makes the difference in all our lives." *Dawn Raffel*

**Author Ted Gup with the suitcase full of letters and family secrets.**

SUSAN SYMONDS/INFINITY PORTRAIT DESIGN

## 1 WAY TO TELL IF A KNIFE IS SHARP

Hold a knife lightly by its handle with one hand. Rest the blade carefully on the thumbnail of the opposite hand. Nudge the knife slightly "and see if it skitters off, which most knives will." If it doesn't move, "the knife is very sharp indeed."

SOURCE: Playwright David Mamet, in *Men's Journal*

## 2 Tips About Wooden Spoons

**1 Are you stirring your soup with a splintered spoon?** Porous wooden spoons can fray when they absorb hot liquids, writes Francine Maroukian in *Esquire*. Her utensil of choice: the tightly grained olive-wood model from Berard's ($14, touchofeurope.net).

**2 Are you tasting yesterday's stir-fry in tonight's brownies?** *Cook's Illustrated* tested cleaning techniques for wooden utensils and found that baking soda eliminated smells most effectively, beating out detergent, water, vinegar, bleach, and a lemon dipped in salt. The reason: Baking soda is water soluble and is more easily absorbed, enabling it to neutralize the organic acids in the utensils.

## 4 Strategies for Better Turkey

For food scientist Harold McGee, Thanksgiving is all about a juicy turkey breast. From *Keys to Good Cooking: A Guide to Making the Best of Foods and Recipes* (Penguin Press, $35), here are his counterintuitive but solid tips:

- **Don't stuff the bird.** The stuffing needs to reach 160 to 170 degrees Fahrenheit to kill bacteria, and a temperature that high guarantees overcooked breast meat.
- **Don't truss the legs.** A trussed bird takes longer to cook and means drier breast meat.
- **Don't use a pop-up thermometer.** When it pops up, the meat is already overcooked.
- **Start cooking the turkey with the breast side down.** That slows its cooking until you turn it and cook it breast up, "just long enough to brown the breast skin."

LEW ROBERTSON/CORBIS



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PROFESSIONAL

# CAN SCIENTIFIC STUDIES AND BEAUTY MAGAZINES AGREE

on what's effective in anti-aging skin care?

3 of 12
So credible it was published in
_THE BRITISH JOURNAL OF DERMATOLOGY
2009 Best of Beauty Award for "Best Morning Anti-Aging Treatment"* _ALLURE MAGAZINE
Reported to treat wrinkles with cutting-edge technology
_SCIENTIFIC AMERICAN
PRO-X
wrinkle smoothing cream
PRO-X
age repair lotion with SPF 30
PRO-X
deep wrinkle treatment

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In beauty and science magazines and in a dermatology periodical, Olay Professional Pro-X is recognized as not just effective, it's been cited for cutting-edge technology. It's in line with a leading prescription brand at reducing the look of wrinkles, and has been given a Best of Beauty Award. Olay Professional. Anti-aging with expertise, science and women behind it. OlayProfessional.com

PRO-X **POTENT. PROVEN. PROFESSIONAL.**

Pro-X hydrates to reduce the appearance of wrinkles. The prescription takes 24 weeks to see full results and longer-term comparative results may be different. *Age Repair Lotion.

## 6 Websites That Help with Aging Parents

- To hire a money manager: American Association of Daily Money Managers (aadmm.com, $25 to $150 an hour).
- To hire a care manager: National Association of Professional Geriatric Care Managers (caremanager.org, rates vary).
- To find local services, including personal-care aides: www.eldercare.gov ($15 to $30 an hour).
- To hire an elder-law attorney: National Academy of Elder Law Attorneys (naela.org).
- To learn about public benefit programs: aarpkb.benefitscheckup.org.
- To enable everyone to coordinate efforts: lotsahelpinghands.com, cozi.com, google.com/calendar.

SOURCE: MP Dunleavey in *Money*

## 2 UPDATED STAIN HINTS FROM HELOISE

**Removing a ballpoint-ink stain**
**Old hint:** Hair spray.
**New hint:** Rubbing alcohol.

**Removing candle wax from carpets**
**Old hint:** Paper towels and an iron.
**New hint:** Ice in a metal pan. Freeze the wax, hammer it, vacuum it. Follow with carpet-stain remover.

SOURCE: *Handy Household Hints from Heloise: Hundreds of Great Ideas at Your Fingertips* (Rodale, $17.99)

## 3 BUYING STRATEGIES

**1** Cheapism.com is a buying guide for consumers who want to **spend as little as possible on something that will last as long as possible.** The site's editors evaluate the lower price ranges in almost 100 product categories—including electronics, appliances, home, beauty, fitness, and travel.

**2** Tired of scrounging around for loyalty cards at the register while people tap their toes in line behind you? Keep them on your smart phone. Key Ring (for Androids and iPhones) and CardStar (for Androids, iPhones, and BlackBerrys) are **free apps that corral the cards and retrieve free coupons,** writes Bob Tedeschi in the *New York Times*. Sometimes clerks can help you set it up.

**3** If you're shopping at a mom-and-pop store, **ask if there is a discount for paying cash,** suggests Martha White of walletpop.com. "I've done this successfully everywhere from clothing boutiques to auto-repair shops," she writes.

## • word of the month

**Flash crash** = "a sudden swing in stock prices caused by electronic trading errors ... coined in the wake of the trillion-dollar drop in the U.S. stock market."

SOURCE: Jonathon Keats in *Wired*

CHRISTIAN SCHMIDT/CORBIS



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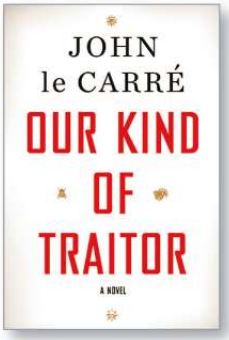


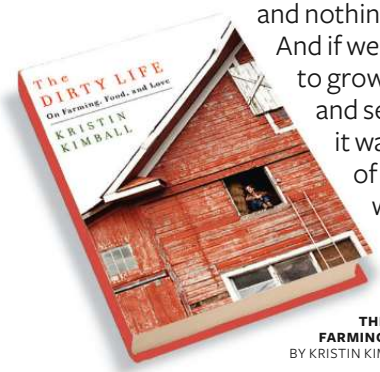

## SPY NOVEL

**In his memory** he still heard Dima's clotted Russian accents; and in his inner eye saw the sweated face so close to his own that, any nearer, the two of them would have been banging foreheads. He was smelling, even as he described them, the fumes of vodka on Dima's rasping breath. He was watching him refill his glass, glower at it, then pounce and empty it at a swallow. He was feeling himself slide into involuntary kinship with him: the swift and necessary bonding that comes of emergency on the cliff face.

**OUR KIND OF TRAITOR** BY JOHN LE CARRÉ (VIKING, $27.95)

## MEMOIR

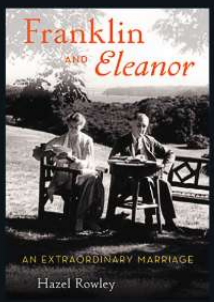
**The people we met** kept telling us, with varying degrees of tact, that we'd fail. They said nobody in the area was interested in local or organic food, or even if they were interested, they wouldn't be able to afford it. And if we did find people to buy our food, we'd still fail, because the farm was too wet and nothing would grow. And if we managed to grow something and sell it, well, then, it was only a matter of time before we'd fail, farming being farming.




**THE DIRTY LIFE: ON FARMING, FOOD, AND LOVE** BY KRISTIN KIMBALL (SCRIBNER, $24)

## HISTORY

**Lucy's visits** were a carefully guarded secret, though the Secret Service knew, and so did FDR's inner circle. Privately, Franklin and Lucy were allowing themselves to be flirtatious again. Lucy wrote to say that she now had Franklin's cold—"Caught over the telephone?" Franklin dropped hints about the past: "I *do* remember the times—so well—à toujours et toujours." He spoke to her on the phone about sharing a cottage together one day, when the world was at peace.




**FRANKLIN AND ELEANOR: AN EXTRAORDINARY MARRIAGE** BY HAZEL ROWLEY (FARRAR, STRAUS AND GIROUX, $27)



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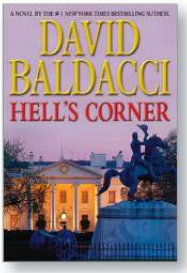
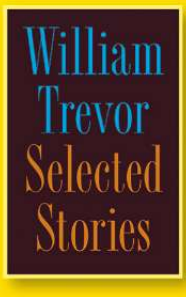
## THRILLER




**The first shot hit.** The impact of lead with the ground sent up a little geyser of dirt and grass four feet to the left of Stone. That was followed by more rounds, the slugs embedding into the grass, ripping up flower beds, smacking against statues. As the gunfire continued, everything slowed down for Stone ... The firing stopped. Seconds of silence. Stone slowly rose. As he did so, he didn't tense; he relaxed. Whether this saved his life or not was anyone's guess. The bomb detonated. The center of Lafayette Park was engulfed in smoke and flying debris. The enormously heavy Jackson statue toppled over, its Tennessee marble base cracked in half. Its reign of more than 150 years in the park was over. **HELL'S CORNER** BY DAVID BALDACCI (GRAND CENTRAL PUBLISHING, $27.99)




## SHORT STORIES

**Violet married** the piano tuner when he was a young man. Belle married him when he was old. There was a little more to it than that because in choosing Violet to be his wife, the piano tuner had rejected Belle, which was something everyone remembered when the second wedding was announced. "Well, she got the ruins of him, anyway," a farmer of the neighbourhood remarked, speaking without vindictiveness, stating a fact as he saw it. Others saw it similarly, though most of them would have put the matter differently.

**SELECTED STORIES** BY WILLIAM TREVOR (VIKING, $35)

## SCIENCE

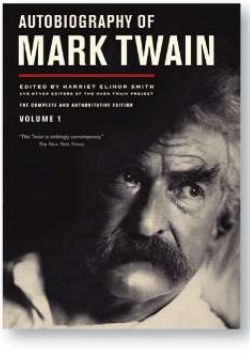
**Repeated stress** frazzles us. It makes us snap at our partners and kids—even growl at the dog. It keeps us awake at night and clouds our professional judgment. We've known for years that it puts us at greater risk for any number of diseases. What we didn't know till now was that it actually physically ages us—all the way down to the DNA in our cells ... Chronic stress literally gnaws at our DNA—its tips, or "telomeres," to be precise—speeding up the rate at which our cells age by an alarming ten years or more.

**STRESS LESS: THE NEW SCIENCE THAT SHOWS WOMEN HOW TO REJUVENATE THE BODY AND MIND** BY THEA SINGER (HUDSON STREET PRESS, $25.95)

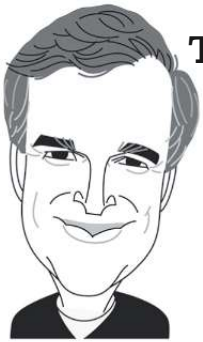
(LUCY MERCER) CORBIS

## AUTOBIOGRAPHY

**My mother had** a good deal of trouble with me, but I think she enjoyed it. She had none at all with my brother Henry, who was two years younger than I, and I think that the unbroken monotony of his goodness and truthfulness and obedience would have been a burden to her but for the relief and variety which I furnished in the other direction. I was a tonic. I was valuable to her. I never thought of it before, but now I see it.




**AUTOBIOGRAPHY OF MARK TWAIN, VOLUME 1** EDITED BY HARRIET ELINOR SMITH (UNIVERSITY OF CALIFORNIA PRESS, $34.95)



# Garry Trudeau created the comic strip *Doonesbury*.

**WHAT HE'S PLUGGING** "*40: A Doonesbury Retrospective* [Andrews McMeel]. I don't know if Amazon offers financing, but it can't hurt to ask—it costs $100. By the way, the book weighs ten pounds, so if you pick it up at your local bookstore, either lift from the knees or ask the clerk to spot you."

**WHAT HE'S LISTENING TO** "Pandora has changed the way I listen to music. I set up a half dozen stations that play the genres and musicians I like, such as Randy Newman, Jason Mraz, and Rickie Lee Jones, and just let the algorithms do the rest. I also listen to Eminem's music, although I'm not sure I actually enjoy it. I just recognize it as amazing."

**WHAT HE'S READING** "Sebastian Junger's *War*, about a platoon in Afghanistan. I mostly read topical nonfiction. Fiction is a rare pleasure. I can get gobsmacked by a single elegant sentence, and then I have to break it down to see how it works. I spent a whole winter on a Michael Chabon novel."

**WHERE HE'S SURFING** "I check in with fivethirtyeight.com because it's data driven, which means it's largely agenda-free."

**WHAT HE'S WATCHING** "My wife [Jane Pauley] and I never miss *PBS NewsHour*, *The Office*, *Flight of the Conchords*, and yes, *Seinfeld* reruns. A five-minute hit over a bowl of cereal is a great way to end the day."

**His READER'S DIGEST VERSION of life and work:** "Try to remember that most of the time, it's not about you."

**IF HE RULED THE WORLD, HE WOULD ...** "Ban reality shows. They're not humiliating enough. The 'stars' never figure out how appalling they are. For instance, when *Jersey Shore*'s The Situation looks in the mirror, he's obviously very pleased with what he sees. Whereas if I ever looked in the mirror and saw The Situation staring back, I'd have to kill myself."

Interview by *Andy Simmons*

ILLUSTRATED BY ZACH TRENHOLM; (TOP) FREDERICK M. BROWN/GETTY IMAGES; (BOTTOM) JAMIE MCCARTHY/WIREIMAGE/GETTY IMAGES



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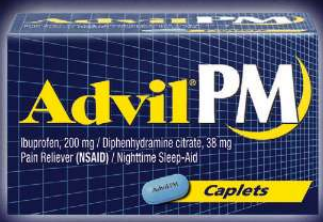


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## Could you do this with your vial and syringe?

Mealtime insulin doesn't have to stop you from living your life. No more drawing up to measure the correct insulin dose. No need for refrigeration once it's been used. Humalog KwikPen is truly portable, so you can take it just about anywhere. And it comes prefilled with Humalog mealtime insulin. Ask your healthcare provider if Humalog KwikPen is right for you.

**Take the attached card to your healthcare provider to ask for a prescription for 5 FREE pens. Go to KwikPen.com for more information.**

### Who should use Humalog?

Humalog (insulin lispro injection [rDNA origin]) is for people with diabetes to control high blood sugar and should be used with a longer-acting insulin, except when used with sulfonylureas in people with type 2 diabetes.

## Important safety information

### Who should not take Humalog?

Humalog should not be used during episodes of low blood sugar (hypoglycemia) or if you are allergic to anything in Humalog.

### What is Humalog?

Humalog is an injectable, fast-acting insulin. Humalog starts working faster than other insulins that contain regular human insulin. Take Humalog within 15 minutes before eating or right after eating a meal. Check your blood sugar levels as told by your healthcare professional.

### How should I use Humalog?

If you have type 1 diabetes, you need to take a longer-acting insulin in addition to Humalog (except when using an external insulin pump). If you have type 2 diabetes, you may be taking diabetes pills and/or a longer-acting insulin in addition to Humalog.

### Precautions

The safety and effectiveness of Humalog in patients less than 3 years of age have not been established. There are no adequate and well-controlled clinical studies of the use of Humalog in pregnant or nursing women.

### Low blood sugar

Low blood sugar is the most common adverse effect associated with insulins, including Humalog. Low blood sugar can happen suddenly, and symptoms may be different for each person and may change from time to time. Know your symptoms of low blood sugar. Severe low blood sugar can cause seizures and be life threatening. Follow your healthcare professional's instructions for treating low blood sugar. Talk to your healthcare professional if low blood sugar is a problem for you.

### Other side effects

Other potential side effects associated with the use of insulins include: low blood potassium, weight gain, changes in fat tissue at the injection site, and allergic reactions. Allergic reactions can happen at the site of injection and over the whole body. Whole-body allergic reactions are less common, but may be life threatening.

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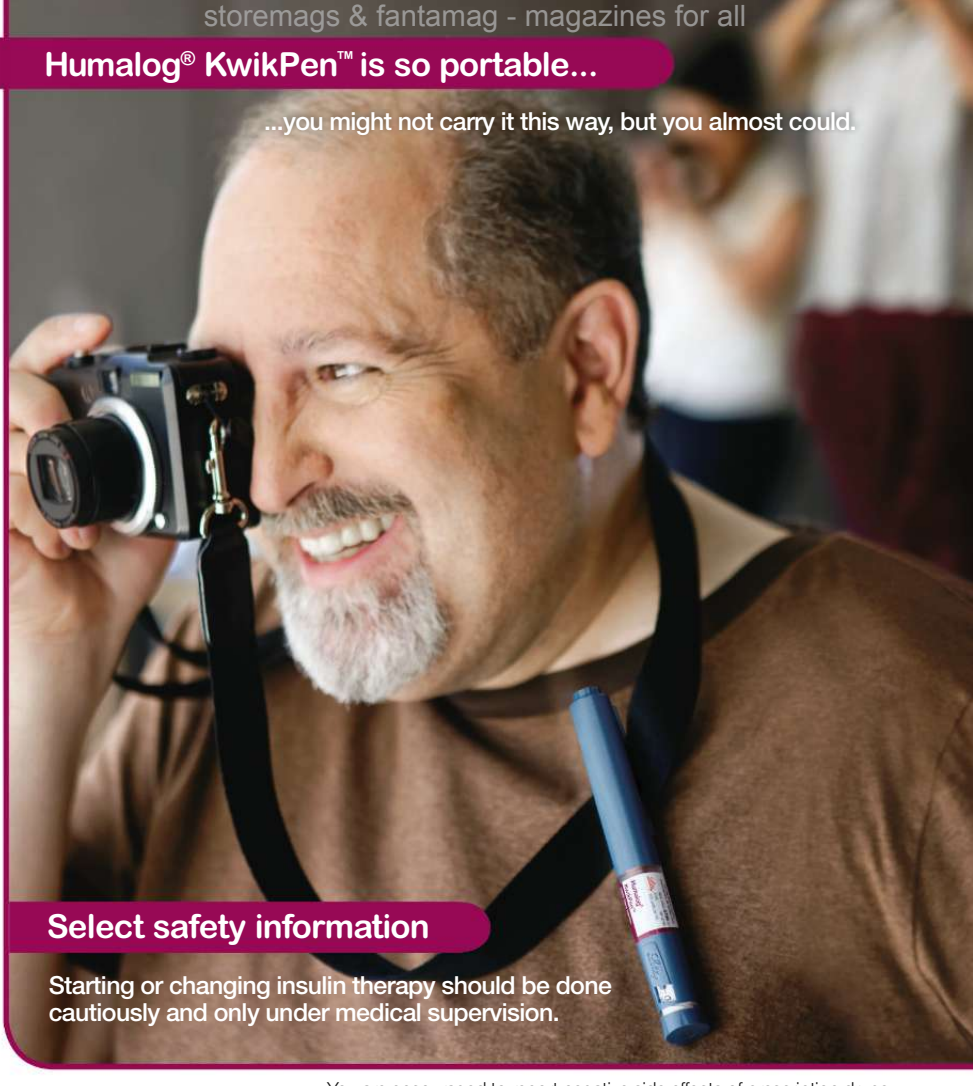
# Humalog® KwikPen™ is so portable...

...you might not carry it this way, but you almost could.



## Select safety information

Starting or changing insulin therapy should be done cautiously and only under medical supervision.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.

**See Patient Information, including storage information, on following page. For complete instructions, see full user manual that comes with your pen.**

Humalog® KwikPen™

insulin lispro injection (rDNA origin)

If you need assistance with prescription costs, help may be available. Visit www.pparx.org or call 1-888-4PPA-NOW.

Lilly

# Patient Information
# Humalog® (HU-ma-log)
## insulin lispro injection, USP (rDNA origin)

**Important**

**Know your insulin.** Do not change the type of insulin you use unless told to do so by your healthcare provider. Your insulin dose and the time you take your dose can change with different types of insulin.

Make sure you have the right type and strength of insulin prescribed for you.

Read the Patient Information that comes with Humalog before you start using it and each time you get a refill. There may be new information. This leaflet does not take the place of talking with your healthcare provider about your diabetes or treatment. Make sure that you know how to manage your diabetes. Ask your healthcare provider if you have questions about managing your diabetes.

**What is Humalog?**

Humalog is an injectable fast-acting man-made insulin. Humalog is used to control high blood sugar (glucose) in people with diabetes.

**Humalog comes in:**

- 10 mL vials (bottles) for use with a syringe or external insulin pump
- 3 mL vials (bottles) for use with a syringe or external insulin pump
- 3 mL prefilled pens
- 3 mL cartridges for use with a reusable pen or external insulin pump

**Who should not take Humalog?**

**Do not take Humalog if:**

- your blood sugar is too low (hypoglycemia). After treating your low blood sugar, follow your healthcare provider's instructions on the use of Humalog.
- you are allergic to anything in Humalog. See the end of this leaflet for a complete list of ingredients in Humalog.

**Tell your healthcare provider:**

- **about all your medical conditions.** Medical conditions can affect your insulin needs and your dose of Humalog.
- **if you are pregnant or breastfeeding.** You and your healthcare provider should talk about the best way to manage your diabetes while you are pregnant or breastfeeding. Humalog has not been studied in pregnant or nursing women.
- **about all the medicines you take, including prescription and non-prescription medicines, vitamins and herbal supplements.** Many medicines can affect your blood sugar levels and insulin needs. Your Humalog dose may need to change if you take other medicines.

Know the medicines you take. Keep a list of your medicines with you to show to all of your healthcare providers.



**How should I use Humalog?**

Humalog can be used with a syringe, prefilled pen, reusable pen or external insulin pump. Talk to your healthcare provider if you have any questions. Your healthcare provider will tell you the right syringes to use with Humalog vials. Your healthcare provider should show you how to inject Humalog before you start using it.

- **Read the User Manual that comes with your Humalog prefilled pen and the manufacturer's instructions that comes with your external insulin pump. Use Humalog exactly as prescribed by your healthcare provider.**
- **If you have type 1 diabetes, you need to take a longer-acting insulin in addition to Humalog (except when using an external insulin pump).**
- **If you have type 2 diabetes, you may be taking diabetes pills and/or a longer-acting insulin in addition to Humalog.**
- **Humalog starts working faster than other insulins that contain regular human insulin.** Inject Humalog within fifteen minutes before eating or right after eating a meal.
- **Check your blood sugar levels as told by your healthcare provider.**
- Look at your Humalog before using. Humalog should be clear, have no color and look like water. If your Humalog is cloudy, thickened, even slightly colored, or has solid particles or clumps in it, do not use. Return it to your pharmacy for new Humalog.
- Humalog can be mixed with a longer-acting human insulin, but only if you are told to do so by your healthcare provider. If you are mixing two types of insulin, always draw Humalog into the syringe first. Talk with your healthcare provider about how to properly mix Humalog with a different insulin.
- Humalog can be used in an external insulin pump either by withdrawing Humalog from a vial or using a 3 mL Humalog cartridge that is inserted into the pump.
- Humalog was tested with MiniMed®[1] Models 506, 507, and 508 insulin pumps using MiniMed Polyfin®[1] infusion sets. Humalog was also tested with the Disetronic®[2] H-TRONplus®[2] V100 insulin pump (with plastic 3.15 mL insulin reservoir), using the Disetronic Rapid®[2] infusion set.
- A Humalog cartridge used in the D-TRON[2] or D-TRONplus[2] pump, may be used for up to 7 days. Humalog in the external insulin pump reservoir and the complete infusion set should be replaced and a new infusion site selected every 48 hours or less.
- Humalog in an external insulin pump should not be exposed to temperature above 98.6°F (37°C), such as in a sauna or hot tub, hot showers, direct sunlight, or radiant heaters.
- **Inject your dose of Humalog under the skin of your stomach area, upper arm, upper leg, or buttocks. Never inject Humalog into a muscle or vein.**
- **Change (rotate) your injection site with each dose.**
- **Your insulin needs may change because of:**
  - illness
  - stress
  - other medicines you take

Humalog® (HU-ma-log) insulin lispro injection,
USP (rDNA origin) PV 5561 AMP

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- changes in eating
- physical activity changes

Follow your healthcare provider's instructions to make changes in your insulin dose.

- **Never dilute or mix Humalog with another insulin in the same prefilled pen, cartridge or external insulin pump.**
- **Always carry a quick source of sugar to treat low blood sugar, such as glucose tablets, hard candy, or juice.**

**What are the possible side effects of Humalog?**

**Low Blood Sugar (Hypoglycemia).** Symptoms of low blood sugar include:

- hunger
- dizziness
- feeling shaky or shakiness
- lightheadedness
- sweating
- irritability
- headache
- fast heartbeat
- confusion

Low blood sugar symptoms can happen suddenly. Symptoms of low blood sugar may be different for each person and may change from time to time. Severe low blood sugar can cause seizures and death. Low blood sugar may affect your ability to drive a car or use mechanical equipment, risking injury to yourself or others. Know your symptoms of low blood sugar. Low blood sugar can be treated by drinking juice or regular soda or eating glucose tablets, sugar, or hard candy. Follow your healthcare provider's instructions for treating low blood sugar. Talk to your healthcare provider if low blood sugar is a problem for you.

- **Serious allergic reactions** (whole body allergic reaction). Severe, life-threatening allergic reactions can happen with insulin. Get medical help right away if you develop a rash over your whole body, have trouble breathing, wheezing, a fast heartbeat, or sweating.
- **Reactions at the injection site** (local allergic reaction). You may get redness, swelling, and itching at the injection site. If you keep having injection site reactions or they are serious, you need to call your healthcare provider. Do not inject insulin into a skin area that is red, swollen, or itchy.
- **Skin thickens or pits at the injection site (lipodystrophy).** This can happen if you don't change (rotate) your injection sites enough.

These are not all the side effects from Humalog. Ask your healthcare provider or pharmacist for more information.

- **You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.**

**How should I store Humalog?**

- **Store all unopened (unused) Humalog in the original carton in a refrigerator at 36°F to 46°F (2°C to 8°C).** Do not freeze.
- Do not use Humalog that has been frozen.
- Do not use after the expiration date printed on the carton and label.
- Protect Humalog from extreme heat, cold or light.

**After starting use (open):**

- **Vials:** Keep in the refrigerator or at room temperature below 86°F (30°C) for up to 28 days. Keep open vials away from direct heat or light. Throw away an opened vial 28 days after first use, even if there is insulin left in the vial.
- **Cartridge and Prefilled Pens:** Do not store a cartridge or prefilled pen that you are using in the refrigerator. Keep at room temperature below 86°F (30°C) for up to 28 days. Throw away a cartridge or prefilled pen 28 days after first use, even if there is insulin left in the cartridge or the pen.

**General information about Humalog**

Use Humalog only to treat your diabetes. Do not share it with anyone else, even if they also have diabetes. It may harm them.

This leaflet summarized the most important information about Humalog. If you would like more information about Humalog or diabetes, talk with your healthcare provider. You can ask your healthcare provider or pharmacist for information about Humalog that is written for health professionals.

For questions you may call 1-800-LillyRx (1-800-545-5979) or visit www.humalog.com.

**What are the ingredients in Humalog?**

**Active ingredient:** insulin lispro.

**Inactive ingredients:** glycerin, dibasic sodium phosphate, metacresol, zinc oxide (zinc ion), trace amounts of phenol and water for injection.

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Patient Information revised September 2, 2009

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Humalog® (HU-ma-log) insulin lispro injection,
USP (rDNA origin) PV 5561 AMP

Around the World
WITH ONE QUESTION

# What Would Make You Leave Your Partner?

In this month's global survey, domestic abuse is hands down the No. 1 choice in 10 of 15 countries. In the remaining five countries, respondents say that infidelity would drive them out the door. Across the world, the numbers show that men and women are more forgiving of their partner's personal problems—not one country offered up job loss or substantial weight gain as the main reason to call it quits. The top two results actually reflect what experts routinely cite as major reasons for divorce internationally.

> Germans are obsessed with being slim. [But] gaining weight would not alter his character!
>
> *Margot Schlageter, 65,*
> Schwäbisch Gmünd, Germany

> Weight gain, unemployment, and even infidelity can be turned around; abuse never gets better.
>
> *Shannan Hearne, 41,*
> Clover, South Carolina

> I would leave my partner if she had an affair. Every day, I'd be paranoid she'd cheat on me again
>
> *Roderick G. Raymundo, 41,*
> Taguig City, Philippines

**For more on our Around the World survey, watch CNN International and go to readersdigest.com/worldquestions.**

ILLUSTRATED BY DAN PAGE



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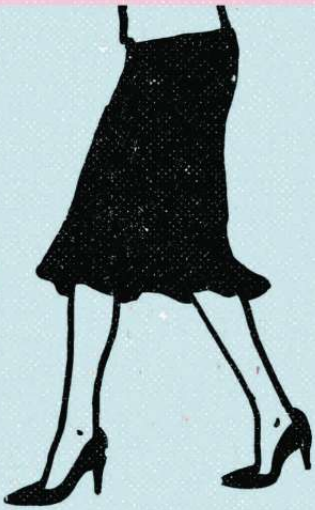
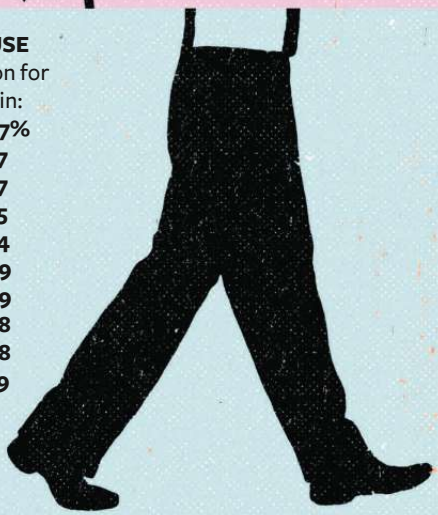
**MONEY ISN'T EVERYTHING**
According to most respondents, job loss doesn't equal love lost: In 11 of 15 countries, it ranks rock bottom. The exceptions are China, Malaysia, South Africa, and India, which has the highest number of respondents (19%) who'd leave if their partner got the boot.

**WEIGHING THE OPTIONS**
In most countries, fewer than 10% of respondents gave weight gain as a reason to leave their partner. The countries that seem to care more about packing on the pounds? Germany (20%) and France (13%).



**DOMESTIC ABUSE**
was the top reason for leaving a partner in:

| | |
|---|---|
| France | **67%** |
| Australia | **57** |
| Canada | **57** |
| Netherlands | **55** |
| U.S. | **54** |
| Russia | **49** |
| U.K. | **49** |
| Brazil | **48** |
| Malaysia | **48** |
| Germany | **39** |



In France, only 3% of those over 45 would leave if their partner had an affair. While in Mexico, 70% of older respondents gave infidelity as their top reason for saying adiós.

**INFIDELITY**
was the No. 1 response in:

| | |
|---|---|
| Mexico | **64%** |
| China | **57** |
| Philippines | **50** |
| South Africa | **49** |
| India | **39** |

Infidelity is men's No. 1 reason to split in 12 of 15 countries. This is particularly true in Mexico (71%), China (70%), and the U.K. (70%).

Advertisement

**Information on why pet adoption is the right choice from Mike Arms, president of Helen Woodward Animal Center in Rancho Santa Fe, California, and founder of the Iams Home 4 the Holidays adoption campaign.**

- **Save a life:** Four million dogs and cats are euthanized each year due to shelter overcrowding.
- **Plenty of choice:** From kittens and puppies to adult or mature animals.
- **Purebreds, too:** 25% of the dogs available for adoption are purebreds.
- **A good match:** Responsible organizations have processes to make the best adoption match, from assessing an animal's health and temperament to providing resources like counseling, follow-up, training classes, and medical services.
- **Savings:** Adoption can cost significantly less than buying from a pet store or breeder. And the cost of adoption often includes vaccinations, de-worming, spaying, or neutering.

"Even if you're not able to adopt a pet, there are plenty of ways to help. Visit **facebook.com/iams** to find out about participating animal shelters or rescue organizations in your area, learn how to volunteer, make a donation, and learn about other ways to help."

-Mike Arms, Helen Woodward Animal Center

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I am more than just a cat

**I am an Iams cat**

# Wrangler to the Rescue

## A quick-thinking cowboy ropes in a rodeo disaster

BY JOHN HANNAH

Bronc Boehnlein was relaxing at the rodeo, little knowing he was about to take the ride of his life. The cowboy had just finished a guest gig as a wrangler at Houston's Reliant Stadium and was chatting with his friend, champion roper Blaine Linaweaver, when an 1,800-pound bucking bull broke loose.

The bull, Hard Ball, had been waiting quietly in the loading bay as act after act went into the arena on that March day. But when three racing chuck wagons thundered past within inches of his nose, the bull panicked, throwing himself against a steel gate. A two-inch metal locking pin popped, and the gate's door sprang open.

"Suddenly, out comes this big

PHOTOGRAPHED BY MICHAEL O'BRIEN



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**Bronc Boehnlein (at the Flying U Rodeo Company in Marysville, California) didn't wait around to be thanked.**

black bull," Boehnlein, 23, says. "Solid muscle. Full of testosterone, and mad and hot and bothered."

"It was the scariest thing I'd ever seen in my life," says Catherine Schultz, 30, a managing director at Houston Livestock Show and Rodeo. "All our gates leading outside from the loading dock were open so the chuck wagons could exit the arena. The bull was likely headed for the parking lot, where we have tons of pedestrians." She called for help on her headset but learned that her pickup men, riders trained in livestock emergencies, were at the far side of the arena, involved in a calf-scramble event.

**Crashing through a hedge, the bull ran into the employee parking lot.**

Schultz chased after Hard Ball herself, joining security guards hollering, "Bull! Bull!" They waved their hats and arms to distract the enraged animal, which made short charges at anyone who came too close. No one could stop Hard Ball from running outside and toward possible disaster. The stadium grounds swarmed with rodeo and music lovers; a Jonas Brothers concert was scheduled for right after the rodeo, and more than 72,000 fans were expected.

Wrangler Kirsten Nichols, 30, yelled to scatter the crowd. She could hear the enormous bull following her. When the animal changed course, she ran after it in time to see it knock door guard Justin Copley, 29, against a fence. Then Hard Ball spotted Nichols again and charged; her escape was blocked by a hastily deployed crowd-control barrier. He tossed her in the air. "I remember being hit and the sound of my head bouncing off the concrete and a bunch of faces popping up around me," she says.

Now Boehnlein knew it was up to him to act—and fast. "The situation was out of control," he says. His friend Linaweaver's horse, Pablo, was still saddled, having just finished an event. "If you can get on before I do, go for it," Linaweaver told him. So Boehnlein jumped on Pablo, pausing only long enough for Linaweaver to cinch the saddle, and took off. He had roped hundreds of steers on grass and dirt, but now he was galloping after a raging bull on concrete, a feat that could have killed a lesser rider. "It's slick and dangerous," Boehnlein says. "Your horse can easily fall. But you don't hesitate. You just react."

Meanwhile, a wrangler had chased after Hard Ball with a 110-gallon trash barrel, only to have the bull toss it aside like a paper cup. A law-enforcement officer stood his ground long enough to score a direct hit with his Taser, but the 50,000-volt shock didn't help. "It just made



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him madder," Boehnlein says. Crashing through a hedge, the bull ran into the employee parking lot, with Boehnlein in pursuit.

Hard Ball ran 50 yards more before stopping at a fence under trees in a corner of the lot. The fight was out of him, Boehnlein could tell. "I had a clean shot at him, and I dropped the rope around his neck. After that, he followed me back to the stadium like a dog on a leash," Boehnlein says. "He was glad it was all over."

Soon after Hard Ball was safely behind bars, Boehnlein slipped away. As reporters scrambled to identify Houston Rodeo's new hero, he was already on his way to a California rodeo to root for his wife, barrel racer Haley Jochims.

Houston Rodeo's chief operating officer, Leroy Shafer, 66, called the escape a fluke—the first bull to get loose in his 37 years—due in part to a change of program that had the chuck wagons racing while the bull was in the dock. Additional security measures have since been added.

Security guard Copley and wrangler Nichols were treated for scratches and bruises at a local hospital. And after his five minutes of freedom, Hard Ball seemed happy to be back with the other bulls, says handler Binion Cervi, 25. "He's not an ornery bull. But he was mad and scared. He was just being a bull."

As for Boehnlein, though others beg to differ, he says he's not a hero: He was just being a cowboy. ■



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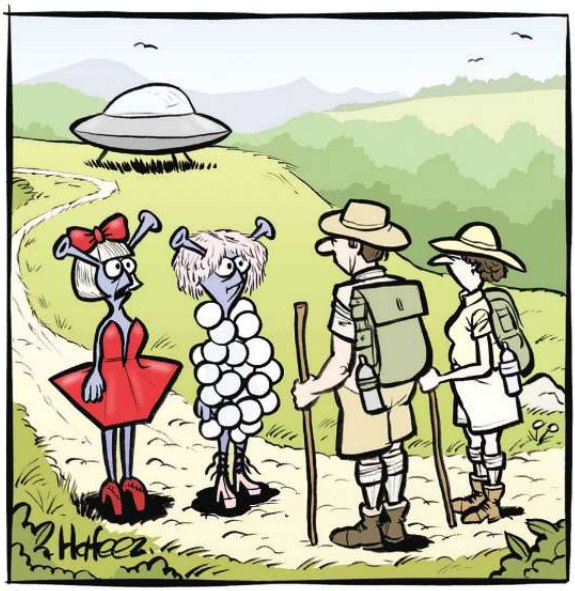
# Laugh!:)

An explorer in the Amazon suddenly finds himself surrounded by a hundred natives. Panicking, he mumbles, "Oh, God, I'm screwed."

The sky darkens, and a voice booms out, "No, you are *not* screwed. Pick up that stone at your feet and slay the chief with it."

The explorer picks up the stone and does just that. He looks up from the chief's lifeless body in time to see the natives angrily lift their spears.

Just then the voice booms out again: "Okay ... *now* you're screwed."



*"Take us to Lady Gaga."*

**I dressed up my dog** as a mailman for Halloween. He bit himself.

Submitted by *Christina Melton*

## Grounds for Divorce

*A Brooklyn café is charging $12 for a cup of Ethiopian coffee. The drink doesn't have a name, so* The Week *asked its readers to do the honors.*

- Mocha Dinero
- Cost-a-latte
- Brokefest Blend
- Excesso
- Ka-Ching-accino
- Goldbean Sachs
- Café au Laitaway

**An investment banker** decides she needs in-house counsel, so she interviews a young lawyer.

"Mr. Peterson," she says. "Would you say you're honest?"

"Honest?" replies Peterson. "Let me tell you something about honesty. My father lent me $85,000 for my education, and I

**The reason women don't play football is that 11 of them would never wear the same outfit in public.**

Humorist *Steven Winterburn*

ILLUSTRATED BY KAAMRAN HAFEEZ



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## Party Poopers

It's time to celebrate Washington's favorite sport: stereotyping the opposing political party. "They're tax-and-spenders!" "They're mean-spirited and reactionary!" Fun, huh? With elections nigh, feel free to partake in the festivities with these gags.

**For Republicans**

A Republican and a Democrat were walking down the street when they came to a homeless person. The Republican gave him his business card and told him to stop by for a job. He then took $20 out of his pocket and handed it to him.

The Democrat was impressed, and when they came to another homeless person, he decided it was his turn to help. So he reached into the Republican's pocket and gave the homeless man $50.

**For Democrats**

A woman in a hot-air balloon is lost, so she shouts to a man below, "Excuse me. I promised a friend I would meet him, but I don't know where I am."

"You're at 31 degrees, 14.57 minutes north latitude and 100 degrees, 49.09 minutes west longitude," he replies.

"You must be a Democrat."

"I am. How did you know?"

"Because everything you told me is technically correct, but the information is useless, and I'm still lost. Frankly, you've been no help."

"You must be a Republican."

"Yes. How did you know?"

"You've risen to where you are due to a lot of hot air, you made a promise you couldn't keep, and you expect me to solve your problem. You're in exactly the same position you were in before we met, but somehow, now it's my fault."

*Peter Landes,* San Mateo, California

paid back every penny the minute I tried my first case."

"Impressive. And what sort of case was that?"

"Dad sued me for the money."

Submitted by *Dee Hudson*

## What's the Word for ... ?

*There are over a million words in the English language, but we can always use more. Here are some that word-smiths contributed to the Merriam-Webster Open Dictionary website:*

**Epiphunny** (noun): The moment of sudden revelation when one gets the joke.

**Nagivator** (noun): A bossy person who rides in the passenger seat and gives directions to the driver.

**Phooey Vuitton** (noun): A sub-standard, counterfeit Louis Vuitton product.

**Wuzband** (noun): A former husband.

**Last night, I dreamed** I ate a ten-pound marshmallow. When I woke up, the pillow was gone.

Comic *Tommy Cooper*

**Your favorite new joke, funny anecdote, or crazy news story might be worth $$$. See page 54 for details.**

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## (And you're in here. Again.)

# Maybe today is the day to talk to your doctor about overactive bladder.

It's no surprise—once again you've had to run off to the ladies' room. If you're tired of being in here instead of out there, ask your doctor if prescription Toviaz® (fesoterodine fumarate) could be right for your overactive bladder symptoms. Toviaz is a once-daily pill that significantly reduces sudden urges and accidents over 24 hours.*

Plus, Toviaz comes with a plan, with tips on food and drink choices and exercises to help you train your bladder. Find out what you can do about your overactive bladder symptoms—besides just wishing they'll go away.

Toviaz treats the symptoms of overactive bladder (leaks, strong, sudden urges to go, going too often).

**Results may vary*

The plan can help you manage overactive bladder symptoms:

Symptoms of overactive bladder are not necessarily a normal part of aging. They're caused by sudden spasms of the bladder muscle.

**Important Safety Information**

If you have certain stomach problems, glaucoma, or cannot empty your bladder, you should not take Toviaz.

Medicines like Toviaz can cause blurred vision, drowsiness, and decreased sweating. Use caution when driving, doing unsafe tasks, or in especially hot environments, until you know how Toviaz affects you. Drinking alcohol while taking medicines such as Toviaz may cause increased drowsiness.

The most common side effects are dry mouth and constipation.

Toviaz has benefits and risks. There may be other options.

You're encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.

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fesoterodine fumarate
extended release tablets 4mg and 8mg

Pfizer

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FSD00433F

# IMPORTANT FACTS

**Toviaz®** fesoterodine fumarate extended release tablets 4mg and 8mg **(TOH-vee-as)**

## ABOUT OVERACTIVE BLADDER

Overactive bladder happens when the bladder muscle squeezes too often or when you don't want it to. You may have wetting accidents (urge urinary incontinence). You may have a strong need to urinate right away (urgency). You may also have to go too often (frequency).

## WHO IS TOVIAZ FOR?

### Who can take TOVIAZ?

Adults 18 years and older with symptoms of overactive bladder. TOVIAZ has not been studied in children.

### Who should not take TOVIAZ?

Do not take TOVIAZ if you:

- Are not able to empty your bladder (urinary retention).
- Your stomach empties slowly (gastric retention).
- Have an eye problem called "uncontrolled narrow-angle glaucoma."
- Are allergic to TOVIAZ or any of its ingredients.

## BEFORE YOU START TOVIAZ

**Tell your doctor about all your medical conditions, including:**

- Stomach or intestinal problems or problems with constipation.
- Problems emptying your bladder or if you have a weak urine stream.
- Treatment for an eye problem called narrow-angle glaucoma.
- Kidney problems.
- Liver problems.
- A condition called myasthenia gravis.
- If you are pregnant or trying to become pregnant. It is not known if TOVIAZ can harm your unborn baby.
- If you are breastfeeding. It is not known if TOVIAZ passes into your breast milk or if it can harm your baby.

**Before starting on TOVIAZ, tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins and herbal products.** TOVIAZ may affect the way other medicines work, and other medicines may affect how TOVIAZ works. Especially tell your doctor if you are taking antibiotics or antifungal medicines.

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## POSSIBLE SIDE EFFECTS OF TOVIAZ

The most common side effects are:

- Dry mouth
- Constipation

TOVIAZ may cause other less common side effects, including:

- Dry eyes
- Trouble emptying the bladder

These are not all of the possible side effects of TOVIAZ. For a complete list, ask your doctor or pharmacist.

## HOW TO TAKE TOVIAZ

- Take TOVIAZ exactly as your doctor tells you.
- Your doctor may give you the lower 4 mg dose of TOVIAZ if you have certain medical conditions, such as severe kidney problems.
- Take TOVIAZ with liquid and swallow the tablet whole. Do not chew, divide or crush the tablet.
- You can take TOVIAZ with or without food.
- If you miss a dose of TOVIAZ, begin taking TOVIAZ again the next day. Do not take two doses of TOVIAZ in the same day.

Things you should keep in mind when taking TOVIAZ:

- Use caution in driving, operating machinery, or doing other dangerous activities until you know how TOVIAZ affects you. Blurred vision and drowsiness are possible side effects of medicines such as TOVIAZ.
- Use caution in hot environments. Decreased sweating and severe heat illness can occur when medicines such as TOVIAZ are used in a hot environment.
- Drinking alcohol while taking medicines such as TOVIAZ may cause increased drowsiness.

## What is TOVIAZ?

TOVIAZ is a prescription medicine used in **adults** to treat symptoms of a condition called **overactive bladder**, including:

- Urge urinary incontinence—leaking or wetting accidents due to a strong need to urinate.
- Urinary urgency—having a strong need to urinate right away.
- Urinary frequency—having to urinate too often.

## NEED MORE INFORMATION?

- This is only a summary of important information. Ask your doctor or pharmacist for complete product information.
- Go to www.Toviaz.com.
- Call **1-877-9-TOVIAZ**.

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Outrageous

MICHAEL CROWLEY

# Tin Soldiers

## Phony vets, fake heroes—there's an epidemic of lying about military service

David Budwah was a true American hero. The Springhill, Louisiana, native fought for his country in Iraq and Afghanistan, suffering injuries to his face and arm after diving in front of a buddy to shield him from a grenade blast. Budwah came home with his scarred face and damaged arm and the nightmares of post-traumatic stress disorder. But he at least had eight medals and ribbons to show for his valor and an inspiring story to tell. "We're here to make sure of the freedom you have every day," he told a group of young boys at an American Legion–affiliated camp in Maryland two summers ago.

Budwah was rewarded with a hero's welcome. He was given free tickets to more than a dozen banquets, rock concerts, and pro football and major-league baseball games. He stood in the ring at a Maryland boxing event for a standing ovation. A nonprofit that helps wounded veterans even gave him a laptop computer.

But Budwah wasn't a hero. He was a liar. During the time he supposedly fought for his country, he had in fact served as a radio specialist in Japan, then worked at the postal exchange at the Quantico, Virginia, Marine base. "The truth of it is, I was never deployed, and I was

Michael Crowley is a senior correspondent at *Time*.

ILLUSTRATED BY DANIEL HERTZBERG; PHOTOGRAPHED BY KAREN BALLARD/REDUX

never injured," he told a Navy judge at his fall 2009 trial. "Everything that I said was false." Budwah was sentenced to 18 months confinement and hit with a $25,000 fine.

You'd like to think that Budwah was one disturbed individual and that it doesn't even occur to most people to lie about something as sacred as military service. But that would be naive—because the infuriating truth is that phony veterans are shockingly widespread.

**One fake hero earned $180,000 in benefits, though his wounds were self-inflicted.**

"An epidemic," says Mary Schantag, cofounder of the POW Network, a group that works to expose military fakes. Schantag says that she is aware of nearly 50 prosecutions of phony vets in the past year. The running tally on her website of known frauds has now reached about 4,000 names. Or, as Steve Waterman of Stolen Valor, another fraud-busting group, puts it: "Fewer than 500 Navy SEALs served in Vietnam, and I've met all 30,000 of them."

What would possess these impostors to spin their disgraceful lies? Some, like Budwah, are looking for special treatment. Others may just want respect. Damian Pace, who never finished his military training but occasionally wore U.S. Army uniforms and badges meant for combat veterans, told a federal investigator in 2009 that he wanted to "look cool."

Those guys may be pathetic, but they're not as pernicious as the politicians who want to win votes by tricking us into thinking they're heroes. One of them was Connecticut Attorney General Richard Blumenthal, who while running for the U.S. Senate last March claimed to a group of veterans that he "served in Vietnam." Not quite: Blumenthal got at least five deferments to avoid that war, before joining the reserves. Then there was Illinois Rep. Mark Kirk, a Navy reservist who has often bragged about receiving the U.S. Navy's Intelligence Officer of the Year award. Earlier this year, Kirk admitted that the award had gone to an entire division in which he had served and made no mention of his name. Doesn't have the same ring, does it?

But in the pandering pols category, it's hard to top former Atlantic City, New Jersey, mayor Bob Levy. He spun yarns about his days as a Special Forces soldier who'd earned prestigious awards in Vietnam, including one amazing tale about being abandoned by his troops and left alone in the jungle for weeks (the cause, he said, of his lifelong post-traumatic stress disorder). After a newspaper cast doubt on his stories, Levy admitted that although he had served in Vietnam,



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most of his specific claims were lies.

Levy resigned in 2007 and was sentenced to three years' probation and made to pay $25,198 in restitution. His crime: accepting unearned federal disability benefits. And that brings us to the worst category of fakers—the ones claiming benefits meant for truly disabled veterans. Our wounded warriors now face painfully long delays in getting the Veterans Affairs benefits that are due to them for their sacrifices. Meanwhile, the fakers are angling for a share. That's why so often, as Schantag notes, "it's not a victimless crime."

One of these crooks was the aptly named Randall Moneymaker of Clayton, North Carolina, who said he'd earned numerous medals and awards, including a Purple Heart, as an Army Ranger in Iraq, Afghanistan, Bosnia, and elsewhere. He even had scars from shrapnel wounds, which allowed him to collect over $18,000 in VA disability benefits. A check of his records revealed that Moneymaker spent only two years in the Army—and no time in a combat zone. He's now serving a three-year prison sentence. The scars? From liposuction, authorities say.

Then there's David M. Perelman, who earned more than $180,000 in disability benefits, claiming he was wounded in combat, though his injury was self-inflicted.

The number of phony claims escalated to the point that in 2006, Congress approved the Stolen Valor Act, criminalizing false claims of military service. But in August, a U.S. Court of Appeals panel in California ruled the law unconstitutional. The appellant's argument was that free speech permits the right to lie about your military service. But veterans groups aren't giving up the fight and are talking with allies in Congress about a new law that can withstand legal challenges.

Meanwhile, the fraud busters continue their hunt for fake vets. "There are a whole lot more resources than there used to be," says B. G. Burkett, a veteran and a former financial adviser who has made catching phonies his life's work. "They are getting caught more often." But until we catch every one of these impostors, who disrespect the service and sacrifice of our true heroes, it won't be often enough. ■

## Do More

> **Share your suspicions.** If someone's story sounds false, tip off a fraud-busting website like pownetwork.org or stolenvalor.com.

> **Show your support.** Congress may pass a new Stolen Valor law that can withstand court challenges. Call the law's sponsor, Rep. John Salazar, at 202-225-4761 and find out how you can help.

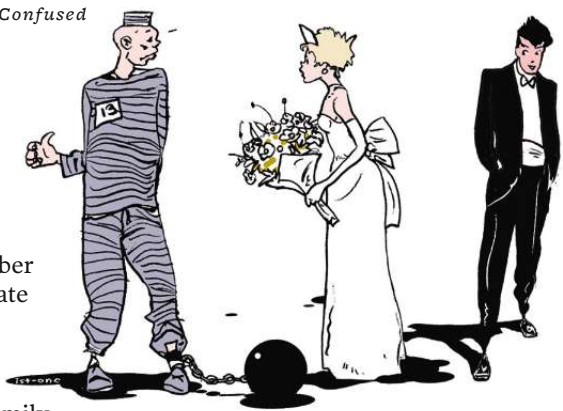
> **Honor the real heroes.** Donate to wounded warriors who are in need, through groups like Disabled American Veterans (dav.org).

# Ask Laskas

JEANNE MARIE LASKAS

**My fiancé and I are working on** *the guest list for our wedding. His dad has been in prison for the past two years. I'm in favor of requesting a day pass for him to attend the ceremony, but my fiancé thinks it will cause too much drama (his dad's whereabouts have been hush-hush). His extended family will find out sooner or later, and it seems important for his dad to be at the wedding. Should I let the fear of family gossip rule, and maybe ruin, my wedding day?*

*Confused*



Dear Confused,
Family gossip should never rule, but it always does, especially at weddings and especially as families grow and become intricate webs. The balancing act each member performs to keep these delicate systems from collapsing is a complete mystery to anyone outside the system. You're a newcomer to your fiancé's family history. In time, you'll understand the dynamics in a way you can't now. Let him call the shots on this one.

**At my 11-year-old son's** *recent birthday party, his best friend (and next-door neighbor) gave him a board game. After the party, we discovered that the game was missing pieces and didn't work. I figured that money was tight and that his mom probably picked it up from a yard sale. Fine—except the very next day, his friend came over riding a brand-new bicycle. Do I mention the defective gift to my neighbor, and risk embar-*

Jeanne Marie Laskas is not a shrink, but she does have uncommon sense.



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*rassing her, or let it go, since "it's the thought that counts"?* *Angry Mom*

Dear Angry,
Thought. Thought. Thought. Count your blessings and let 'er go.

**I'm a full-time employee** *with a three-year-old daughter and an unbelievably lazy husband. I can't stand my husband just watching TV while I run around to get things done. I ask him to help with some chores, but it takes him days to do them. I do the shopping, and I drop our daughter at kindergarten. I have almost no quality time with her. I get tired, but I don't want to get mad too—that ends in fights or puts me in a silent, angry mood. What can I do?* *Stuck*

Dear Stuck,
Oh, the silent, angry mood! That one is going to blow, big-time, someday. This is an unsustainable situation. To get Lazy Dude's attention, I recommend making a daily chore list. Sit down with him and say "Sweetie, we are going to do things differently around here so your wife doesn't crack up." Be nice but firm. Ask him which one of the listed chores he would like to volunteer for. Then you volunteer for one. Repeat the process until the score is even. If he refuses to play this game, explain the concept of marriage to him; if he doesn't get it, seek counseling.

**I work in payroll** *for a large corporation. One particular coworker sends me work-related e-mails with the entire message in the subject line—and always begins it with "Hey Darlin'!" How can I let her know this is unacceptable?* *Miffed*

Dear Miffed,
Unless you are this woman's supervisor, ignore her perky greetings. The worst business practice would be for you to spend time worrying about things you're not being paid to worry about.

**Send questions to readersdigest.com/laskas. Sending gives us permission to edit and publish.**

## Life's Little Etiquette Conundrums

**I need advice on holiday gift giving. Times are tough, so what's the appropriate amount to spend on family, friends, or the children of friends you rarely see? Do I need to send the same amount to one child year after year? Will I be judged or criticized for sending one child more than the other?**

Sorry, there are no easy rules for giving other than this one: Don't forget the point of the whole deal. A gift is a symbol that shows someone you care. A symbol! As the giver, you get to choose what to give. Doling out more cash than you can afford, or because you think you have to, builds resentment and defeats the purpose. Give what you want (or can afford), to whomever you want, trusting that everybody knows that times are tough. A handmade card or thoughtful note can say more than cash.

ILLUSTRATED BY ISTVAN BANYAI; FRANK VERONSKY

**PRISTIQ® (desvenlafaxine) is a prescription medication approved for the treatment of major depressive disorder in adults.**

## Important Safety Information About PRISTIQ®

**Suicidality and Antidepressant Drugs**
**Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, teens, and young adults. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy or when the dose is changed should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior such as becoming agitated, irritable, hostile, aggressive, impulsive, or restless. Should these occur, report them to a doctor. PRISTIQ is not approved for use in children under 18.**

People taking MAOIs should not take PRISTIQ. Tell your healthcare professional about all prescription and over-the-counter medications you are taking or plan to take, including: medicines to treat migraines or mood disorders, to avoid a potentially life-threatening condition; and aspirin, NSAID pain relievers, or blood thinners because they may increase the risk of bleeding.

PRISTIQ may cause or make some conditions worse, so tell your healthcare professional about all your medical conditions, including:

- High blood pressure, which should be controlled before you start taking PRISTIQ and monitored regularly
- Heart problems, high cholesterol or triglyceride levels, or a history of stroke, glaucoma or increased eye pressure, kidney or liver problems, or have low sodium levels in your blood
- Mania, bipolar disorder, or seizures or convulsions
- If nursing, pregnant, or plan to become pregnant

Discontinuation symptoms may occur when stopping or reducing PRISTIQ, so talk to your healthcare professional before stopping or changing your dose of PRISTIQ. Until you see how PRISTIQ affects you, be careful driving a car or operating machinery. Avoid drinking alcohol while taking PRISTIQ. Side effects when taking PRISTIQ 50 mg may include nausea, dizziness, sweating, constipation, and decreased appetite.

**Please see Brief Summary of Prescribing Information on next page.**

*You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.*

Pristiq® desvenlafaxine
EXTENDED-RELEASE TABLETS

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May 2010

PQP00091A

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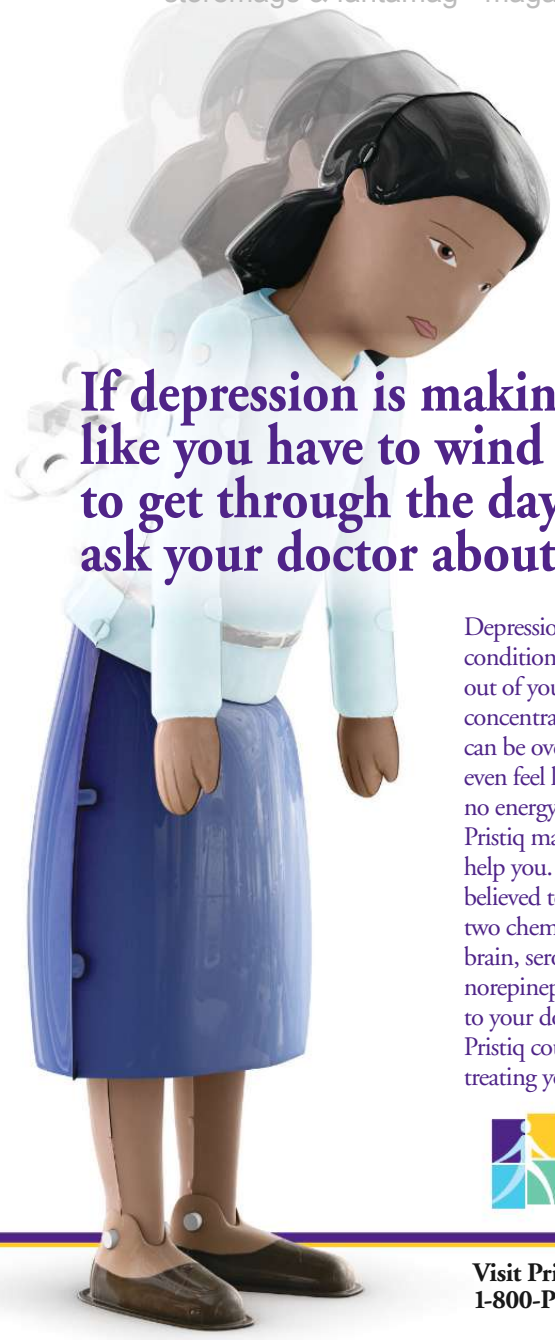

# If depression is making you feel like you have to wind yourself up to get through the day, ask your doctor about Pristiq.

Depression is a serious medical condition that can take so much out of you. The sadness, trouble concentrating, and loss of interest can be overwhelming. You may even feel like you have no energy to keep going. Pristiq may be able to help you. Pristiq is believed to work on two chemicals in the brain, serotonin and norepinephrine. Talk to your doctor. Ask if Pristiq could be a key in treating your depression.

Pristiq® desvenlafaxine
EXTENDED-RELEASE TABLETS

**Visit Pristiq.com or call 1-800-PRISTIQ (1-800-774-7847)**

# IMPORTANT FACTS ABOUT Pristiq® desvenlafaxine EXTENDED-RELEASE TABLETS

**(pris•teek')**
**Pristiq® - (desvenlafaxine) Extended-Release Tablets**

**Read the Medication Guide that comes with you or your family member's antidepressant medicine. Talk to your, or your family member's, healthcare provider about:**

- all risks and benefits of treatment with antidepressant medicines
- all treatment choices for depression or other serious mental illness

**What is the most important information I should know about antidepressant medicines, depression and other serious mental illnesses, and suicidal thoughts or actions?**

**1. Antidepressant medicines may increase suicidal thoughts or actions in some children, teenagers, and young adults within the first few months of treatment.**

**2. Depression and other serious mental illnesses are the most important causes of suicidal thoughts and actions. Some people may have a particularly high risk of having suicidal thoughts or actions.** These include people who have (or have a family history of) bipolar illness (also called manic-depressive illness) or suicidal thoughts or actions.

**3. How can I watch for and try to prevent suicidal thoughts and actions in myself or a family member?**

- Pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings. This is very important when an antidepressant medicine is started or when the dose is changed.
- Call the healthcare provider right away to report new or sudden changes in mood, behavior, thoughts, or feelings.
- Keep all follow-up visits with the healthcare provider as scheduled. Call the healthcare provider between visits as needed, especially if you have concerns about symptoms.

**Call a healthcare provider right away if you or your family member has any of the following symptoms,especially if they are new, worse, or worry you:**

- thoughts about suicide or dying
- trouble sleeping (insomnia)
- attempts to commit suicide
- new or worse irritability
- new or worse depression
- acting aggressive, being angry or violent
- new or worse anxiety
- acting on dangerous impulses
- feeling very agitated or restless
- an extreme increase in activity and talking (mania)
- panic attacks
- other unusual changes in behavior or mood

**What else do I need to know about antidepressant medicines?**

- **Never stop an antidepressant medicine without first talking to a healthcare provider.** Stopping an antidepressant medicine suddenly can cause other symptoms.
- **Antidepressants are medicines used to treat depression and other illnesses.** It is important to discuss all the risks of treating depression and also the risks of not treating it. Patients and their families or other caregivers should discuss all treatment choices with the healthcare provider, not just the use of antidepressants.
- **Antidepressant medicines have other side effects.** Talk to the healthcare provider about the side effects of the medicine prescribed for you or your family member.
- **Antidepressant medicines can interact with other medicines.** Know all of the medicines that you or your family member takes. Keep a list of all medicines to show the healthcare provider. Do not start new medicines without first checking with your healthcare provider.
- **Not all antidepressant medicines prescribed for children are FDA approved for use in children**. Talk to your child's healthcare provider for more information.

This Medication Guide has been approved by the U.S. Food and Drug Administration for all antidepressants.

**Important Information about Pristiq**

Read the patient information that comes with Pristiq before you take Pristiq and each time you refill your prescription. There may be new information. If you have questions, ask your healthcare provider. This information does not take the place of talking with your healthcare provider about your medical condition or treatment.

**What is Pristiq?**

- Pristiq is a prescription medicine used to treat depression. Pristiq belongs to a class of medicines known as SNRIs (or serotonin-norepinephrine reuptake inhibitors).
- Pristiq is not approved for use in children and adolescents.

**Who should not take Pristiq?**

**Do not take Pristiq if you:**

- are allergic to desvenlafaxine, venlafaxine or any of the ingredients in Pristiq.
- currently take, or have taken within the last 14 days, any medicine known as an MAOI. Taking an MAOI with certain other medicines, including Pristiq, can cause serious or even life-threatening side effects. Also, you must wait at least 7 days after you stop taking Pristiq before you take any MAOI.

**What should I tell my healthcare provider before taking Pristiq?**

Tell your healthcare provider about all your medical conditions, including if you:

- have high blood pressure
- have heart problems
- have high cholesterol or high triglycerides
- have a history of stroke
- have glaucoma
- have kidney problems
- have liver problems
- have or had bleeding problems
- have or had seizures or convulsions
- have mania or bipolar disorder
- have low sodium levels in your blood
- are pregnant or plan to become pregnant. It is not known if Pristiq will harm your unborn baby.
- are breastfeeding. Pristiq can pass into your breast milk and may harm your baby. Talk with your healthcare provider about the best way to feed your baby if you take Pristiq.

**• Serotonin syndrome or neuroleptic malignant syndrome (NMS)-like reactions:**

Rare, but potentially life-threatening,

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PQP00091A

Pfizer

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conditions called serotonin syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions can happen when medicines such as Pristiq are taken with certain other medicines. Serotonin syndrome or NMS-like reactions can cause serious changes in how your brain, muscles and digestive system work.

**Especially tell your healthcare provider if you take the following:**

- medicines to treat migraine headaches known as triptans
- St. John's Wort
- MAOIs (including linezolid, an antibiotic)
- tryptophan supplements
- silbutramine
- tramadol
- medicines used to treat mood disorders, including tricyclics, lithium, selective serotonin reuptake inhibitors (SSRIs), or serotonin norepinephrine reuptake inhibitors (SNRIs)

Ask your healthcare provider if you are not sure whether you are taking any of these medicines.

Before you take Pristiq with any of these medicines, talk to your healthcare provider about serotonin syndrome. See "What are the possible side effects of Pristiq?"

**Pristiq contains the medicine desvenlafaxine. Do not take Pristiq with other medicines containing venlafaxine or desvenlafaxine.**

**Switching from other antidepressants**

Side effects from discontinuing antidepressant medication have occurred when patients switched from other antidepressants, including venlafaxine, to Pristiq. Your doctor may gradually reduce the dose of your initial antidepressant medication to help reduce these side effects.

**What should I avoid while taking Pristiq?**

- Do not drive a car or operate machinery until you know how Pristiq affects you.
- Avoid drinking alcohol while taking Pristiq.

**What are the possible side effects of Pristiq?**

**Pristiq can cause serious side effects, including:**

- **See the beginning of this page.**
- **Serotonin syndrome or neuroleptic malignant syndrome (NMS)-like reactions. See "What should I tell my healthcare provider before taking Pristiq?"**

Get medical help right away if you think that you have these syndromes. Signs and symptoms of these syndromes may include one or more of the following:

- restlessness
- hallucinations (seeing and hearing things that are not real)
- coma
- nausea
- vomiting
- confusion
- increase in blood pressure
- diarrhea
- loss of coordination
- fast heart beat
- increased body temperature
- muscle stiffness

**Pristiq may also cause other serious side effects including:**

- **New or worsened high blood pressure (hypertension).** Your healthcare provider should monitor your blood pressure before and while you are taking Pristiq. If you have high blood pressure, it should be controlled before you start taking Pristiq.
- **Abnormal bleeding or bruising.** Pristiq and other SNRIs/SSRIs may cause you to have an increased chance of bleeding. Taking aspirin, NSAIDs (non-steroidal anti-inflammatory drugs), or blood thinners may add to this risk. Tell your healthcare provider right away about any unusual bleeding or bruising.
- **Glaucoma (increased eye pressure)**
- **Increased cholesterol and triglyceride levels in your blood**
- **Symptoms when stopping Pristiq (discontinuation symptoms).** Side effects may occur when stopping Pristiq (discontinuation symptoms), especially when therapy is stopped suddenly. Your healthcare provider may want to decrease your dose slowly to help avoid side effects. Some of these side effects may include:
  - dizziness
  - abnormal dreams
  - nausea
  - tiredness
  - headache
  - irritability
  - diarrhea
  - sleeping problems (insomnia)
  - sweating
- **Seizures (convulsions)**
- **Low sodium levels in your blood.** Symptoms of this may include headache, difficulty concentrating, memory changes, confusion, weakness, and unsteadiness on your feet. In severe or more sudden cases, symptoms can include hallucinations (seeing or hearing things that are not real), fainting, seizures and coma. If not treated, severe low sodium levels could be fatal. Contact your healthcare provider if you think you have any of these side effects.

Common side effects with Pristiq include:

- nausea
- diarrhea
- headache
- vomiting
- dry mouth
- loss of appetite
- sweating
- sleepiness
- tiredness
- insomnia
- decreased sex drive
- constipation
- delayed orgasm and ejaculation
- anxiety
- tremor
- dizziness
- dilated pupils

These are not all the possible side effects of Pristiq. Tell your healthcare provider about any side effect that bothers you or does not go away. Call your doctor for medical advice about side effects. For more information on these and other side effects associated with Pristiq, talk to your healthcare provider, visit our web site at www.pristiq.com or call our toll-free number 1-888-Pristiq.

**You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.**

**Contact Information**

Please visit our web site at www.pristiq.com, or call our toll-free number 1-888-Pristiq to receive more information. This product's label may have been updated. For current package insert and further product information, please visit www.pfizer.com or call our medical communications department toll-free at 1-800-934-5556.

Uninsured? Need help paying for Pfizer medicines? Pfizer has programs that can help. Call **1-866-706-2400** or visit **www.PfizerHelpfulAnswers.com.**

Pfizer helpful answers

# And you thought your mom was overprotective.

Always Ultra takes leak protection very seriously. It has a LeakGuard core that quickly adjusts to sudden changes in your flow.
**No other Ultra absorbs faster.** *Have a Happy Period.*

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# @Work

*"Ma's been following me on the Twitter again."*

I was in juvenile court, prosecuting a teen suspected of burglary, when the judge asked everyone to stand and state his or her name and role for the court reporter.

"Leah Rauch, deputy prosecutor," I said.

"Linda Jones, probation officer."

"Sam Clark, public defender."

"John," said the teen who was on trial. "I'm the one who stole the truck." *Leah Rauch,* Grapevine, Texas

**Scene:** *My checkout line at the supermarket.*
**Me:** Paper or plastic?
**Customer:** I'd like double-bagged paper, and I'd like you to make each bag as heavy as possible.
**Me:** Okay.
**Customer:** In case you're wondering, I had a fight with my wife, and it's my turn to pick up the groceries.
**Me:** Uh-huh.
**Customer:** It's also her turn to unload the car. From notalwaysright.com

**I answered a 911 call** at our emergency dispatch center from a woman who said her water broke.

"Stay calm," I advised. "Now, how far apart are your contractions?"

"No contractions," she said breathlessly. "But my basement is flooding fast."

*Pat Hintz,* Missoula, Montana

**During an anti-harassment seminar at work, I asked, "What's the difference between harassment and good-natured teasing?" A co-worker shouted, "A million dollars."**

*Mark Stephenson,* Zeeland, Michigan

ILLUSTRATED BY BOB ECKSTEIN

## Toil and Trouble

**Worst Boss**
A pregnant Omaha woman was fired after her boss claimed that her unborn child was "hostile toward him" and carried "negative energy."
Source: Associated Press

**Worst Day on the Job**
The band Kings of Leon cut short a concert after pigeons bombarded them with poop. Bass player Jared Followill couldn't say how many birds there were. "The last thing I was going to do was look up," he told CNN.

**Worst Job Applicant**
Cops had no trouble tracking down a woman who allegedly shoplifted from a Toronto-area store. A few minutes earlier, she had interviewed for a job there and left her résumé.
Source: cnews.canoe.ca

**At the funeral home** where my husband works, the funeral director asked a recent widower, "Did your wife's illness come out of the blue?"

"No, she'd been sick before," he said. "But never this bad."

*Jackie Wissmueller,* Davenport, Florida


## You Can Win $30,000!

**Send us** your funny stories, jokes, quotes, and news items to enter the $30,000 sweepstakes. **Plus,** if we run your item in a print edition of *Reader's Digest*, **we'll pay you $100.**

> To enter sweepstakes (with or without a joke) and for official rules, go to readersdigest.com/jackpot or send your submission or entry to: The $30,000-Winner-Take-All Prize (#102), Box 946, Newburgh, New York 12550.

No purchase necessary to enter or win. Sweepstakes closes 2/18/11. Open to U.S. residents. Rates subject to change.


## Don't Call Us, We'll Call You

*The toughest part of applying for a new job is having to explain why you're no longer at your previous one. Here are rationalizations from cover letters that did no one any good:*

- "My boss thought I could do better elsewhere."
- "The company made me a scapegoat, just like my three previous employers."
- "Note: Please don't misconstrue my 14 jobs as 'job hopping.' I have never quit a job."
- "Responsibilities make me nervous."

From *The Office Book,* by *Chloe Rhodes* (Reader's Digest Books)

**During my eighth-grade** sex education class, no one could answer the question "What happens to a young woman during puberty?" So I rephrased it: "What happens to young women as they mature?"

One student answered: "They start to carry a purse."

*Elizabeth Zicha,* New Concord, Ohio



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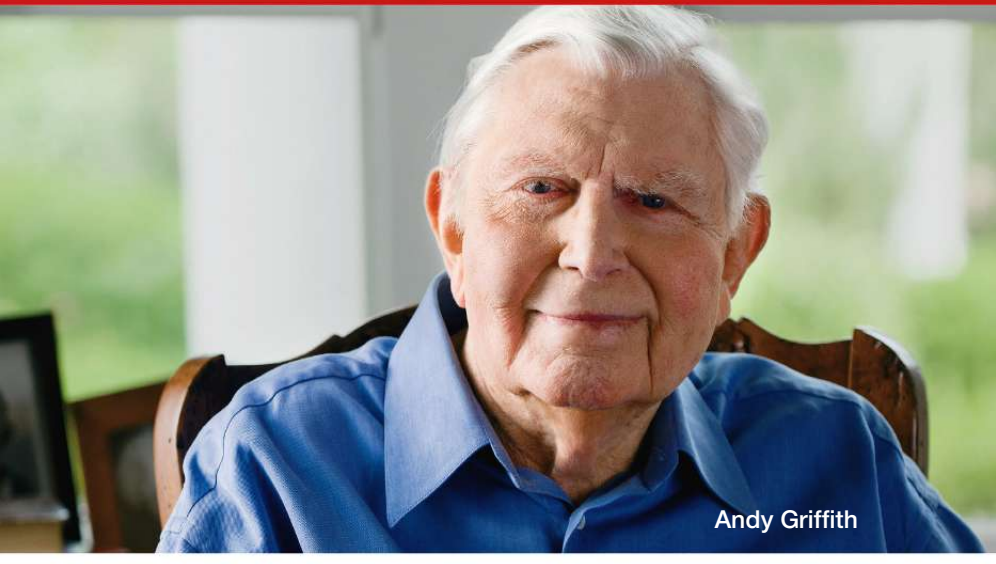
# "Medicare just got stronger."




With the new health care law, there are new benefits available to people with Medicare, including lower prescription costs, wellness checkups and preventive care. But we don't want new opportunities for criminals to commit Medicare fraud, so the new law also provides better ways to protect us from fraud, making Medicare stronger for us and future generations. Now that's something we can all feel good about. Here are some easy things that folks like us can do to fight fraud.

**A stronger Medicare means:**

- **New benefits for seniors**
- **New cost savings**
- **New fraud-fighting tools to protect taxpayer dollars**

- Tell your friends and neighbors to guard their Medicare and Social Security numbers.
- Don't ever let anyone borrow or pay to use your Medicare ID.
- Review your Medicare claims to make sure they are accurate. Check them early—the sooner you see and report errors, the sooner we can stop fraud.
- Check your "Medicare & You" handbook, coming soon.

If you see or think something might be Medicare fraud, call **1-800-MEDICARE** to report it.

Learn more about protecting yourself and spotting fraud at

**StopMedicareFraud.gov**

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# Is It Just Me?

Have you ever been swallowed by an escalator or viciously attacked by a guitar? Neither has writer Lenore Skenazy. But after a hair-raising week in front of the TV set, she's become ...

## The Petrified Woman!

Stop! Are you about to eat a scoop of onion dip? *It could cause meningitis.* Showing some kids around work? For God's sake, keep them away from *the stapler*. Planning a walk? Bring plenty of water or you could end up *in a coma*!

And let's not even talk about what could happen if you take the kids to the mall and find yourselves contemplating an escalator ride. Suffice it to say you should tie their shoes, insist they hold the handrail, place them in the center of the step, and say your prayers (but not on your knees, for obvious reasons). "Perhaps most important, learn where the emergency shutoff button is so you can turn off the escalator if someone gets trapped while riding," says an American Academy of Pediatrics report, ominously titled *Hidden Dangers and Child Safety*.

ILLUSTRATED BY DAVID GOLDIN

That's right: If you want to be safe—and who doesn't?—every time you ride the escalator with a child, you should first make sure you can leap into action and slam off the calamitous contraption, mid-mangle.

That's not too much to think about when you're on a little shopping trip, is it?

**I don't have a mattress; it could be toxic. I can't have a pet; I could trip over it.**

I say it is. I say we are being warned about the weirdest, wildest, least likely, and most far-fetched, ill-founded, and downright bizarre possibilities to the point where we are being scared stupid. "Watch out" mania rules the media. As Ellen DeGeneres joked in her best newscaster voice, "It could be the most deadly thing in the world, and you may be having it for dinner. We'll tell you what it is tonight at 11." With warnings coming at us thick and fast from every media source, and especially Dr. Oz—a one-man worry machine—we are in danger (danger!) of becoming too scared to even get off the couch and go to the bathroom (which is probably just as well because did you know there are *germs* lurking in the toilet bowl? Pretty scary!).

All the warnings above are real; the stapler one came from a friend's interoffice memo. But they're just the tip of the iceberg. (Watch out for those too!) For about a month, I watched TV, cruised the Internet, and read a bunch of books, magazines, and e-mail "tips" to see what the average American gets warned about in the course of everyday life.

The result? I am typing this from inside a giant safe-deposit box. You can feed me—but no onion dip, please—from a hole I drilled in the side. I don't have a cell phone, because it could give me a brain tumor. I don't have a bottle of water, because the plastic could disrupt my endocrine receptors and turn me into a woman. Oh, wait. I already am.

Well ... see?

I don't have a mattress, because the fumes could be toxic. I don't eat meat; it could give me asthma. I can't have a pet; I could trip over it. I can't wash my hair, because shampoo could be carcinogenic (and also because I'm in a box). But I can't leave the box and go to the grocery store, because I might be tempted to put my kid in a shopping cart. And according to the American Academy of Pediatrics, "parents are strongly encouraged to seek alternatives to transporting their child in a shopping cart until an effective revised performance standard for shopping cart safety is implemented in the United States."

That's right: The modern American shopping cart is just too danger-



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ous. Parents must come up with an alternative. Maybe a dogsled? A mini Hummer? A kid-size version of those exercise balls you put gerbils in to roll around?

Oh, well, I probably shouldn't leave my box anyway, because if I go out in the sun, it could give me cancer. Then again, so could sunscreen. Then again ...

Oh, heck, I'm not really in a box. That was just a bit of hyperbole, a trick I learned from the warning industry itself. It works this way: The media will dig up some new study or, alternatively, find some tragic example of something really strange that may sort of prove that someone somewhere is somehow in at least a smidgen of danger. The next thing you know, it's "Why you should never _____" (fill in a verb). Or "Up next! Is your _____ (fill in a noun) dangerous?" The answer to the latter is always "Yes!"

Let's take a look at some of the warnings out there:

## WATCH OUT FOR DIP!

Dr. Oz was celebrating Super Bowl Sunday, or, as he said his family likes to call it, "Super *Germ* Sunday."

What fun they must be.

Anyway, Dr. Oz had some woman serve dip at her church, and then he sent the dip remains to a lab to see what was in it, besides the inevitable onion soup mix.

Guess what. The lab discovered Group B *streptococcus*, bacteria that are generally found in the intestinal tract and can probably be traced to the detested double-dippers. Furthermore, said Dr. Oz, these bacteria can lead to things like ... meningitis!

He neglected to add that strep B is usually a hazard only to newborns (who aren't big dip enthusiasts), and bacterial meningitis is quite rare. Instead, he left viewers ready to lynch the next guy who sticks a half-chomped chip in the guacamole.

But it's not just dip that's going to kill you. Dr. Oz has devoted other segments to the dangers of cosmetics-counter makeup (which he recommends you spray with disinfectant), tanning beds, shoes, nail salons, and that silent scourge: the mints you get next to the cash register in restaurants. Really, he did a whole big thing on these, and his grossed-out audience swore off them forever.

As if so many millions have been felled by free mints.

In Dr. Oz's world, pretty much anything that anyone else has ever touched, you shouldn't. He considers this common sense. I consider it obsessive-compulsive disorder. Since we're both alive and healthy, you can pick your camp.

Mine gets to keep eating free mints.

## WATCH OUT FOR OVERHEATING!

Warning! "Hot weather can have a dire effect on senior health," reads the website Everyday Inflated Fears.

Er, sorry—Everyday Health. So what are the symptoms of overheating? You'll never guess. Tops on the list: *thirst*! Then come those ever so subtle hints including "staggering," "fainting," "high body temperature," and, in case you still didn't get the message, "coma."

**We hear so many warnings that real ones and trippy ones get jumbled together.**

My God, is there any way to avoid this stealthy danger? Thankfully, yes. Try these obscure but possibly helpful remedies: "Drink plenty of liquids." Also: "Avoid exercising in the heat." And: "Cover windows that are in direct sunlight." Do you think?

Not that I ever want to see seniors suffer from overheating, but I also don't want to see seniors suffer from being treated as if they've got bingo chips for brains. Anyone who's been around for 60 or more years has probably figured out by now that when you're thirsty, you should drink, and when you're staggering, it's time to take a break. Same goes for when you're in a coma.

## WATCH OUT FOR MUSICAL INSTRUMENTS!

"You don't want your child to live in a bubble ..., but remember that the more chances you take, the more likely your child will be injured or killed by an accident," reads the passive-aggressive Hidden Dangers to Your Child's Safety page on about.com.

And so it warns about the "hidden dangers" of bouncy houses and parade floats ("which can run over a child along the parade route") and my favorite new fear, "musical instruments, such as a guitar, that can hurt a young child who is playing with the string ... if one of the strings that is under high tension breaks, flying into his eye, or scratches his face."

Forget the terrible grammar. To me, that is the gold standard of warnings: a warning about an item that has been around almost forever and never been associated with any danger except to the eardrums of parents and music teachers. And now it's a bona fide health hazard! To come up with not just one but two possible injuries from a guitar takes warning genius. My hat is off to you, Child Safety Basic writers. (I just hope it doesn't accidentally hit you in the eye and scratch your cornea, possibly causing blindness.)

## WATCH OUT FOR WEATHER!

Have you noticed that when a big storm is coming up, it's no longer just a storm; it is "Winter Storm '07!" or "Heat Wave '10!" Jack Glass has. He's a scientist and an expert



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## Sometimes, the best defense is a good offense.

Cold and flu season is around the corner. Luckily, Lysol® Disinfectant Spray is approved to kill more germs than any other disinfectant spray,* eliminating 99.9% of bacteria and viruses.** It also works on both hard and soft surfaces.*** It's just another way Lysol does more for you, no matter the season.

For tips on a healthy home,

visit lysol.com/missionforhealth

*Based on approved EPA Master Labels.
**When used as directed.
***Kills 99.9% of bacteria on soft surfaces in 30 seconds as a spot treatment.

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on disaster communication, and he has been watching "weather creep" for the past five years or so. "Now everything has a year after it," says Glass. The not-so-hidden message? This is it! The biggie! The one you'll always remember! "So everybody is out buying their milk, bread, and eggs, and suddenly it comes and goes with absolutely no impact."

But at least you've got food in the house.

## WATCH OUT FOR WARNINGS THAT SOUND AS IF THEY WERE WRITTEN BY LAWYERS ON CRACK!

T-Mobile put out a set of instructions for its customers, encouraging them to "use your phone in a safe and sensible manner." One of these "sensible" tips? "If your device rings and you discover it's in the backseat, do *not* crawl over the seat to answer it while driving."

That's verbatim. And it pretty much illustrates the whole problem. We get so many warnings flying at us that real dangers (drunk driving) and the almost hallucinatory ones (backseat-climbing driving) get jumbled together. What's really going to kill us? A kamikaze float? Winter Storm '11? Or sitting in the La-Z-Boy watching the news and overdosing on Doritos?

**The fact is, the more strange** and striking the warning, the less likely it is to be true, says David Freedman, author of *Wrong: Why Experts Keep Failing Us—And How to Know When Not to Trust Them*. We viewers tune in to the shocking studies because for some strange reason we like to be scared. As kids, we had ghost stories. As adults, we have health stories. Either way, we listen up because something that seemed so innocent is about to kill us! But shouldn't it have killed us already? If the world is full of such horrible ills, why are we living longer than ever?

Turns out, we live in very safe times. Not perfectly safe; nothing is. But safe enough that instead of worrying about diphtheria, we're worrying about dip.

Pay attention to your health—and a little less to the health scare of the day—and you'll be fine. Provided, that is, you watch out for that onion dip, and the shopping carts, and your kid's Polly Pockets, and Fall Foliage Color-palooza '10, and the top button on your shirt, and ...

### I'VE GOT BUTTERFLIES IN MY STOMACH

**I used to drive** past a business with a sign out front that read "Carnivorous plants and butterfly farm." But there's clearly been some trouble. Last time I passed by, it simply stated "Carnivorous plants."

*Lawrence Renn*



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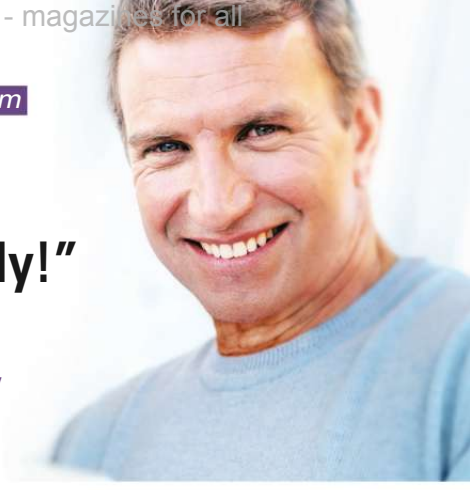
www.newnordicusa.com

# "My eyesight improved significantly!"



**Earle has suffered with declining eyesight, especially in his right eye. In 2007, he noticed an article about Blue Berry Eyebright™, and gave the product a try. Here is his story:**

"I am a curious person, and always interested in anything new to help me improve my health. So when I read about Blue Berry Eyebright and the persons' experience with this product. I thought I should give Blue Berry Eyebright a try."

## I tried Blue Berry Eyebright and improved my eyesight!

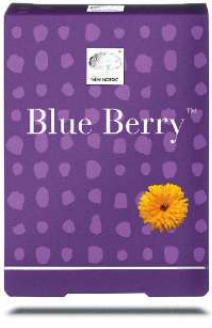
"In June 2006, my eyesight on the right eye was 20/30+. In April 2007 my vision had slipped to 20/60+. Shortly after, I started taking Blue Berry Eyebright, on a daily basis (and I am still taking it).

When I met for my eye exam a year later, my vision in my right eye had improved to 20/25+, which was much better than the year before and even better than in 2006. "

## No one was more impressed than my optometrist!

"Needless to say, no one was more impressed than my optometrist. I have no doubt that Blue Berry Eyebright™ was an important factor in my improved vision. I strongly recommend others to try this product, so they can experience the results for themselves."

***Earle, North Vancouver, BC.***

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CVS/pharmacy

## Berries and plant extracts help your eyes!

Few people actively take care of their eyes, and once our vision starts deteriorating, it often continues and even accelerates with age. Today, we know that key phyto nutrients can help our eyes stay healthy, so we can enjoy a clear vision, even in our older years.

**Blue Berry Eyebright** is a natural product made by New Nordic in Sweden. This natural formula uses high concentration plant extracts to provide the eyes with the optimal ingredients for good vision. **Blue Berry Eyebright** is available exclusively at CVS pharmacies and online at **www.newnordicusa.com**.

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# Only the best for your pet

Pet parents may be tightening household budgets, but that doesn't mean cutting back on high-quality food for their four-legged friends.

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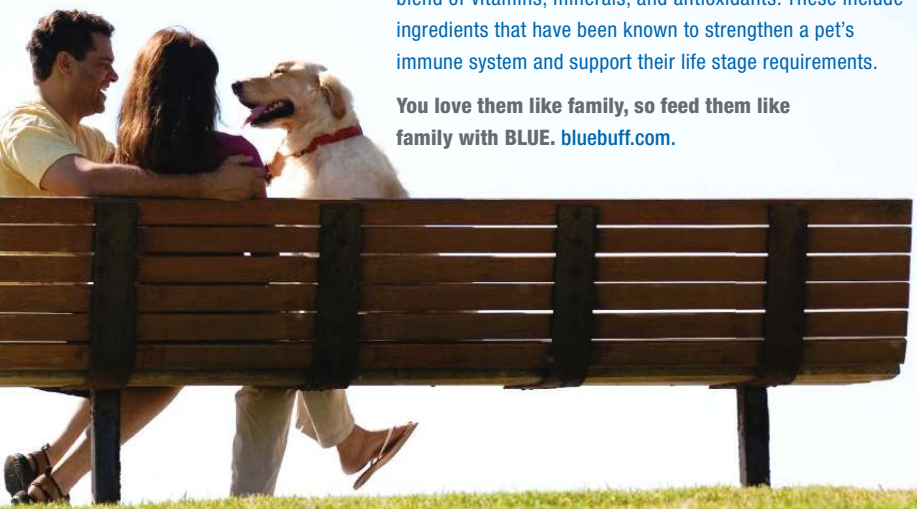
**You love them like family, so feed them like family with BLUE. bluebuff.com.**



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# "I wanted my running partner to have a meat-first diet, **so I switched him to BLUE."**

**Is your big name dog food fooling you?** You probably didn't know that many well-known dog foods don't have real meat as their first ingredient. BLUE, on the other hand, always starts with real chicken, lamb or fish, followed by wholesome whole grains, garden veggies and fruit. Plus BLUE contains our exclusive LifeSource Bits, a precise blend of antioxidants, vitamins and minerals. And your dog can enjoy all of this **naturally healthy goodness for only pennies a day more.**

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| LifeSource® Bits | ✓ | ? |
| All Natural* | ✓ | ? |
| **NO Corn, Wheat or Soy** | ✓ | ? |
| **NO Chicken or Poultry By-Product Meals** | ✓ | ? |

*Fortified with vitamins and minerals.

Compare your dog's food to BLUE™ at

## CompareBlueDog.com

**Love them like family.**
**Feed them like family.™**

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# Off Base

Before he was deployed to Afghanistan, my brother Ken was lamenting over how many people seemed unaware of the conflict. I had to concede his point when I later mentioned to a neighbor that he was leaving for Afghanistan.

"Really?" he said. "For business or pleasure?" *Jacquelyn Miller,* Woburn, Massachusetts

*This British weapons system officer revealed what he thinks of his pilot. Now tell us what the pilot is thinking. Send your caption to readersdigest.com/obcaption.*

**My husband and I** were watching *Forrest Gump* at the base theater. The crowd was pretty quiet throughout the film, until the scene when Forrest graduates from college and is met by an Army recruiter. That was met with a shout from behind us: "Run, Forrest, run!"

*Christina Kosatka,* Honolulu, Hawaii

**When my eight-year-old** sister came to visit, I took a day off from my job at the Pentagon and showed her the Lincoln Memorial. There she saw a large block of text—273 words long—etched into the monument.

"What's that?" she asked.

"Lincoln's Gettysburg Address," I told her.

"If that's his address, how does he get any mail?"

*Daniel Palomo,* Parlin, New Jersey

**I was in Afghanistan** speaking with a reporter as she packed her things. The major came over and noticed some odd-looking pieces of cloth on her cot.

"What are you doing with all these eye patches?" he asked, lifting one up.

Taking it from him, she mumbled, "Um ... this is my thong underwear."

*Terry Welch,* San Diego, California

**Your favorite new joke, funny anecdote, or crazy news story might be worth $$$. See page 54 for details.**

ANDREW CHITTOCK



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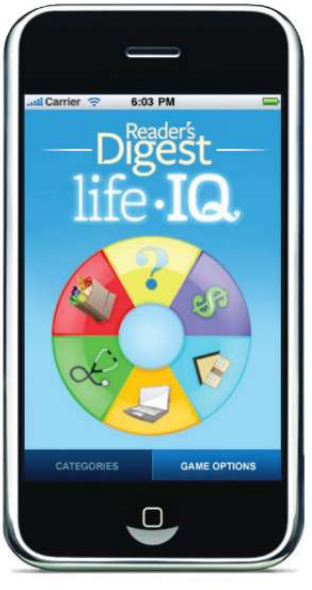
Is the grass always greener on your neighbor's side? Make your lawn greener by using:

A. Epsom salts

B. Vinegar

C. Ginger ale

D. Spray paint




# What's Your life·IQ?

Test your everyday smarts with life•IQ, the fun new iPhone app from the editors of Reader's Digest. From health and home to money, technology, and food, you'll get short, useful tips to help make your life simpler and better.

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Reader's Digest

**Answer:** *A. The Reader's Digest Version: Epsom salts, which add needed magnesium and iron to the soil, is the solution for faded grass. Add two tablespoons to one gallon of water, then spread it on your lawn. Afterward, soak with plain water to make sure the mixture gets into the grass. Unfold lawn chair. Relax.*

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# A Surprising Cancer Fighter

Aim for 30 minutes of brisk exercise most days. (Walking works too.)

The news about good cholesterol—the high-density kind, aka HDL—just got better. Experts already know that it helps protect against heart disease; now an analysis of 24 studies shows that the higher your HDL level, the lower your risk of cancer.

Researchers can't be sure that HDL itself is warding off the disease, since high levels might signal a lifestyle that reduces your risk in some other way. But there's no downside in boosting your levels—and there are many potential benefits.

## TO RAISE YOUR HDL CHOLESTEROL

- Get regular aerobic exercise.
- Maintain a healthy weight.
- Include lots of omega-3 fatty acids in your diet (fish is the best source).
- Have an occasional drink if you're so inclined (alcohol in moderation raises HDL).
- If you smoke, quit.

IAN T. COBLE/GETTY IMAGES

DIABETES

# What to Do Now

November is American Diabetes Month—a good time to focus on reducing the toll of this disease, which can shorten your life by as many as 15 years. Michael Dansinger, MD, assistant professor at Tufts University School of Medicine and host of the diabetes community at WebMD, shares important recent findings:

What's wrong with this picture? The sugar *and* the fat.

**1. You should take it personally.** "About 35 percent of all adults have diabetes or prediabetes, and most people with prediabetes don't know it. If you're over 45, have parents or siblings with the disease, and can grab a handful of fat on your belly, ask your doctor about getting a blood-sugar test."

**2. Surgery can help.** "If you have type 2 diabetes and can't get your blood-sugar numbers down, the most reliable treatment is bariatric surgery, such as gastric bypass. And I say that even though I usually recommend lifestyle changes first! Studies this year have shown that 80 percent of people with diabetes who have this surgery end up with normal blood-sugar levels and can stop taking medication. You don't have to be severely obese to benefit. If you're five foot three and 200 pounds—or five foot ten and 240—you qualify."

## Numbers That Count

**2X**

Increase in the risk of death for someone with diabetes compared to a person the same age without the disease.

**3. We know the worst diet.** "It turns out that blood-sugar levels stay high longer after starchy or sugary meals that are also high in fat. The Ornish diet says don't eat fat with your carbs. The Atkins diet says don't eat carbs with your fat. They may both be right. It's like guns and bullets: Neither one alone is lethal, but together, they can wreak havoc. This explains why so many different kinds of diets can help with diabetes: You benefit if they restrict fat or carbs or both."

*Alison Motluk*

ROBIN MACDOUGALL/GETTY IMAGES



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# The Checklist

From research labs around the world, simple **additions and subtractions** that just might result in a healthier life.

## MORE

**+ CAUTION** in taking osteoporosis drugs known as bisphosphonates, such as Fosamax. A new study suggests they can increase the risk of cancer of the esophagus. It's important to take these pills with plenty of water and not to lie down for at least 30 minutes after a dose.

**+ SLEEP FOR YOUNG KIDS.** Infants and preschoolers who snooze less than ten hours nightly are more likely to be overweight or obese later in childhood. (Napping isn't enough to make up for short nights.)

**+ WATER.** Downing two 8-ounce glasses before meals helped dieters lose weight in a recent study. The water drinkers lost more than 15 pounds in 12 weeks, while other volunteers on the same diet dropped just 11 pounds. Those who kept up the water habit maintained the weight loss for at least a year.

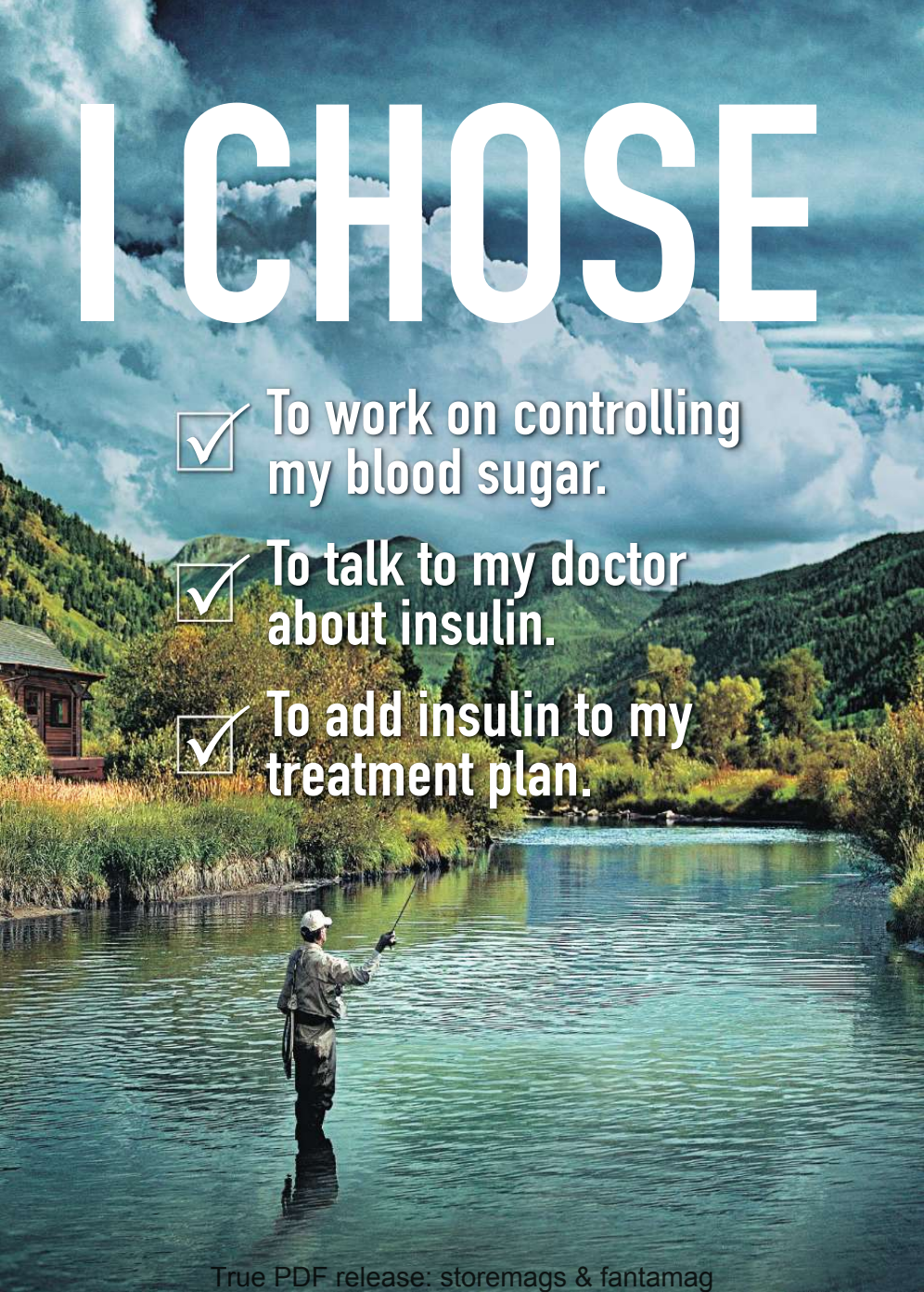
## LESS

**– POPPING A MULTIVITAMIN TO HELP TREAT CANCER.** Many cancer patients take vitamin supplements in hopes of bettering their odds of beating the disease. But a new study showed that, at least for those with colon cancer, taking a multi didn't improve survival rates. (The supplement didn't hurt either.)

**– SMOKING.** Recent research shows new dangers: A Danish study suggests that if a woman smokes during pregnancy, her child may have fertility problems as an adult.

**– CONCERN ABOUT WEIGHT AFTER AGE 70.** Among more than 9,000 adults ages 70 to 75, those who were overweight were 13 percent less likely to die during a decade-long study, compared with people of normal weight. Being overweight at a younger age still seems to add risk, the researchers say.

(BABY) GETTY IMAGES; (SMOKING) MEL CURTIS/GETTY IMAGES

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If you have type 2 diabetes, and pills alone aren't controlling your blood sugar anymore, this could be the right time to consider adding insulin. Insulin is an effective way to lower blood sugar. Controlling blood sugar is important because, over time, high blood sugar can lead to serious complications.

Today, insulin comes in an easy-to-use pen. Insulin should be used as part of an overall diabetes treatment plan, which includes diet, exercise, and other diabetes medications. Make the choice to talk to your doctor about whether insulin is right for you.

**Important Safety Information for Lantus®**
(insulin glargine [rDNA origin] injection)

Do not take Lantus® if you are allergic to insulin or any of the inactive ingredients in Lantus®.

You must test your blood sugar levels while using insulin, such as Lantus®. Do not make any changes to your dose or type of insulin without talking to your healthcare provider. Any change of insulin should be made cautiously and only under medical supervision.

**Do NOT dilute or mix Lantus® with any other insulin or solution.** It will not work as intended and you may lose blood sugar control, which could be serious. Lantus® must only be used if the solution is clear and colorless with no particles visible. **Do not share needles, insulin pens or syringes with others.**

**The most common side effect of insulin, including Lantus®, is low blood sugar (hypoglycemia), which may be serious.** Other possible side effects may include injection site reactions, including changes in fat tissue at the injection site, and allergic reactions, including itching and rash. In rare cases, some allergic reactions may be life threatening.

Tell your doctor about other medicines and supplements you are taking because they can change the way insulin works. Before starting Lantus®, tell your doctor about all your medical conditions including if you have liver or kidney problems, are pregnant or planning to become pregnant, or are breast-feeding or planning to breast-feed.

**Indications and Usage**

Prescription Lantus® is a long-acting insulin used to treat adults with type 2 diabetes and adults and children (6 years and older) with type 1 diabetes for the control of high blood sugar. It should be taken once a day at the same time each day to lower blood glucose.

Do not use Lantus® to treat diabetic ketoacidosis.

Lantus® SoloSTAR® is a disposable prefilled insulin pen.

***Please see additional important information on the next page.***

**WhyInsulin.com**
**1-877-665-9334**

**You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.**

From the maker of Lantus® SoloSTAR®

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US.GLA.10.03.189

**BRIEF SUMMARY OF PRESCRIBING INFORMATION**

**HIGHLIGHTS OF PRESCRIBING INFORMATION**

**These highlights do not include all the information needed to use LANTUS safely and effectively. See full prescribing information for LANTUS.**

**LANTUS® (insulin glargine [rDNA origin] injection) solution for subcutaneous injection**

**Initial U.S. Approval: 2000**

## INDICATIONS AND USAGE

LANTUS is a long- acting human insulin analog indicated to improve glycemic control in adults and children with type 1 diabetes mellitus and in adults with type 2 diabetes mellitus. (1)

Important Limitations of Use:

- Not recommended for treating diabetic ketoacidosis. Use intravenous, short-acting insulin instead.

## DOSAGE AND ADMINISTRATION

- The starting dose should be individualized based on the type of diabetes and whether the patient is insulin-naïve (2.1, 2.2, 2.3)
- Administer subcutaneously once daily at any time of day, but at the same time every day. (2.1)
- Rotate injection sites within an injection area (abdomen, thigh, or deltoid) to reduce the risk of lipodystrophy. (2.1)
- Converting from other insulin therapies may require adjustment of timing and dose of LANTUS. Closely monitor glucoses especially upon converting to LANTUS and during the initial weeks thereafter. (2.3)

## DOSAGE FORMS AND STRENGTHS

Solution for injection 100 units/mL (U-100) in

- 10 mL vials
- 3 mL cartridge system for use in OptiClik (Insulin Delivery Device)
- 3 mL SoloStar disposable insulin device (3)

## CONTRAINDICATIONS

Do not use in patients with hypersensitivity to LANTUS or one of its excipients (4)

## WARNINGS AND PRECAUTIONS

- Dose adjustment and monitoring: Monitor blood glucose in all patients treated with insulin. Insulin regimens should be modified cautiously and only under medical supervision (5.1)

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- Administration: Do not dilute or mix with any other insulin or solution. Do not administer subcutaneously via an insulin pump or intravenously because severe hypoglycemia can occur (5.2)
- Do not share reusable or disposable insulin devices or needles between patients (5.2)
- Hypoglycemia: Most common adverse reaction of insulin therapy and may be life-threatening (5.3, 6.1)
- Allergic reactions: Severe, life-threatening, generalized allergy, including anaphylaxis, can occur (5.4, 6.1)
- Renal or hepatic impairment: May require a reduction in the LANTUS dose (5.5, 5.6)

## ADVERSE REACTIONS

Adverse reactions commonly associated with Lantus are:

- Hypoglycemia, allergic reactions, injection site reaction, lipodystrophy, pruritus, and rash. (6.1)

**To report SUSPECTED ADVERSE REACTIONS, contact sanofi-aventis at 1-800-633-1610 or FDA at 1-800-FDA-1088 or *www.fda.gov/medwatch.***

## DRUG INTERACTIONS

- Certain drugs may affect glucose metabolism, requiring insulin dose adjustment and close monitoring of blood glucose. (7)
- The signs of hypoglycemia may be reduced or absent in patients taking anti-adrenergic drugs (e.g., beta-blockers, clonidine, guanethidine, and reserpine). (7)

## USE IN SPECIFIC POPULATIONS

- Pregnancy category C: Use during pregnancy only if the potential benefit justifies the potential risk to the fetus (8.1)
- Pediatric: Has not been studied in children with type 2 diabetes. Has not been studied in children with type 1 diabetes <6 years of age (8.4)

**See Prescribing Information for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling**

**Revised: 09/2009**

GLA-BCPH-GD-SEP09 Rx Only

# Say It Loud: Turn It Down!

Dial down the volume on your iPod and listen to this: One in five adolescents now suffers from hearing loss—a 30 percent jump from just two decades ago. The loss is mild, but it means more teens are hearing only about as well as a typical 40- to 60-year-old.

Playing music too loud is partly to blame, experts believe. To avoid damage to your hearing, keep these numbers in mind, says Cory Portnuff, an audiologist at the University of Colorado at Boulder:

- **60** You can listen all day if you keep the volume at 60 percent of the max.
- **80 for 90** You can boost the volume to 80 percent for 90 minutes a day.
- **100** If you want to crank up the volume as high as it'll go, keep it short—just five minutes a day.

A. M.

## VITAMIN D: DO THE MATH, THEN TAKE A PILL

Sunlight's a good source, but it's not enough in winter, says Michael F. Holick, MD, author of *The Vitamin D Solution.* To get 1,000 IU (a frequently recommended daily target) of this critical vitamin through food, you'd have to pick one of these alternatives:

**33 cans of anchovies**

**10 glasses of milk**

**10 bowls of cereal**

**50 egg yolks**

**If ears ring or "feel full" after listening, the volume was too high.**

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# Doubling Up on Nutrition

Jessica Seinfeld—aka Jerry Seinfeld's wife—is a cook who can squeeze more nutrition into one bite than many chefs get into a meal. Her first book, *Deceptively Delicious,* helped parents sneak extra fiber and vitamins into their kids' best-loved dishes. Her new *Double Delicious!* performs the same trick for eaters of all ages. We particularly like what she does with some seasonal favorites.

## Pumpkin Ravioli

*Makes 36 ravioli*

- 1 can (15 oz.) low-sodium white beans, such as navy, drained and rinsed
- ½ cup canned 100% pure pumpkin purée
- ½ cup part-skim ricotta cheese
- ¼ cup grated Parmesan
- ¾ tsp. garlic powder
- 1 large egg
- 72 wonton wrappers, about 1½ (12 oz.) packages
- 1 tbs. cornstarch
- 1½ cups jarred marinara sauce, microwaved 1 min. or until warm

**1.** Fill large stockpot with water and bring to boil. Place beans, pumpkin purée, ricotta, Parmesan, and garlic powder into food processor. Process until smooth.

**2.** In small bowl, beat egg with about 1 tbs. water.

**3.** Set wonton wrappers on cutting board. Place 1 tbs. of pumpkin mixture onto wrapper. Brush edges of wonton with egg wash. Top off with another wonton sheet. To make round shape, cut around base of pumpkin can. Press edges together firmly to seal.

**4.** Place ravioli on baking sheet sprinkled with cornstarch. When all ravioli are cut out, carefully place them in boiling water using slotted spoon. As soon as they rise, about 4 minutes, lift out with slotted spoon; divide ravioli between 6 bowls. Top each portion with ¼ cup marinara sauce.

## Turkey Meatloaf

*Makes 8 servings*

- 2 lbs. lean ground turkey
- 1 tsp. garlic powder

LISA HUBBARD



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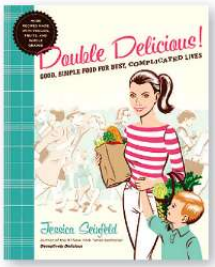
# Eater's Digest




1 tsp. onion powder
1 tsp. salt
⅓ cup whole wheat bread crumbs
1 tbs. Worcestershire sauce
3 large egg whites
½ cup carrot purée*
½ cup cauliflower purée*
Jarred tomato sauce (optional)

**1.** Preheat oven to 375° F. Coat 9-by-5-inch loaf pan with cooking spray.
**2.** Mix all ingredients in large bowl; stir to combine.
**3.** Press mixture into pan. Bake until golden brown and no longer pink in center, 50 to 55 minutes. Cut into slices; serve with tomato sauce, if desired.

**Seinfeld uses vegetable purées to boost the nutrient quotient of many dishes. Steam or microwave these vegetables separately until tender, then purée in a food processor or blender, adding a little water if needed.*

*DOUBLE DELICIOUS!* BY JESSICA SEINFELD IS PUBLISHED AT $28.99 BY WILLIAM MORROW, 10 E. 53RD ST., NEW YORK, NEW YORK 10022.

## What Everyone Wants with Turkey

When allrecipes.com asked home cooks what side dish they'd want in a Thanksgiving menu (besides a green-bean casserole, that is), this sweet potato casserole blew away Brussels sprouts, broccoli, and even candied yams. In fact, almost 30 percent of voters picked Tina B's Yummy Sweet Potato Casserole, compared with about 16 percent who went for candied yams, the runner-up. Plenty of butter makes it an indulgence; the fiber and antioxidants make it one you can celebrate.

### Yummy Sweet Potato Casserole

*From* allrecipes.com

*Makes 12 servings*

4 cups sweet potato, cubed
½ cup white sugar
2 eggs, beaten
½ tsp. salt
4 tbs. butter, softened
½ cup milk
½ tsp. vanilla extract

**Topping**

½ cup packed brown sugar
⅓ cup all-purpose flour
3 tbs. butter, softened
½ cup chopped pecans

**1.** Preheat oven to 325° F. Put sweet potatoes in medium saucepan with water to cover. Cook over medium-high heat until tender; drain and mash.
**2.** In large bowl, combine sweet potatoes, sugar, eggs, salt, butter, milk, and vanilla. Mix until smooth. Transfer to 13-by-9-inch baking dish.
**3.** In medium bowl, mix sugar and flour for topping. Cut in butter until mixture is coarse. Stir in pecans and sprinkle over sweet potato mixture.
**4.** Bake in preheated oven 30 minutes, or until topping is lightly brown.



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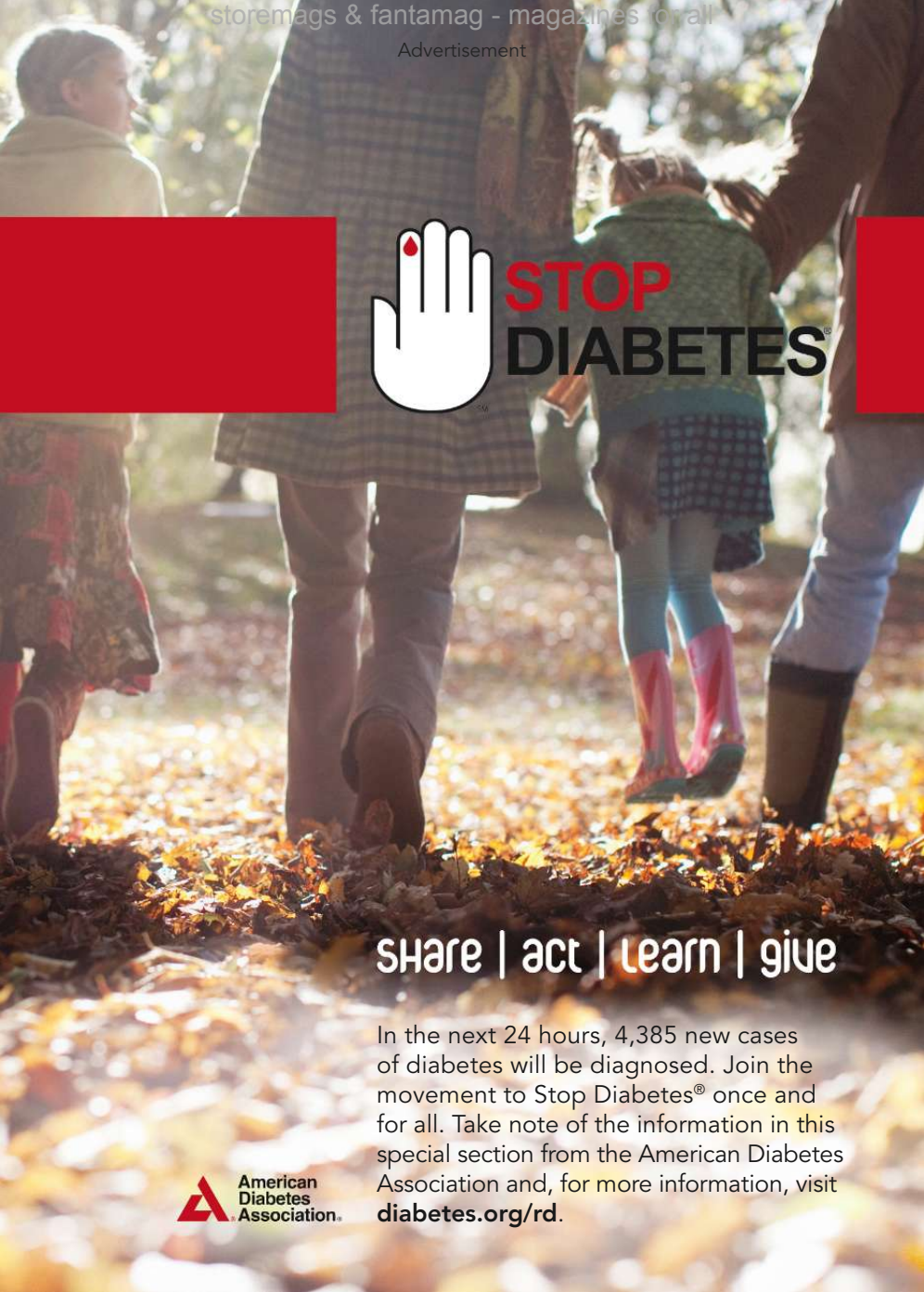
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share | act | learn | give
In the next 24 hours, 4,385 new cases of diabetes will be diagnosed. Join the movement to Stop Diabetes® once and for all. Take note of the information in this special section from the American Diabetes Association and, for more information, visit diabetes.org/rd.
American Diabetes Association.

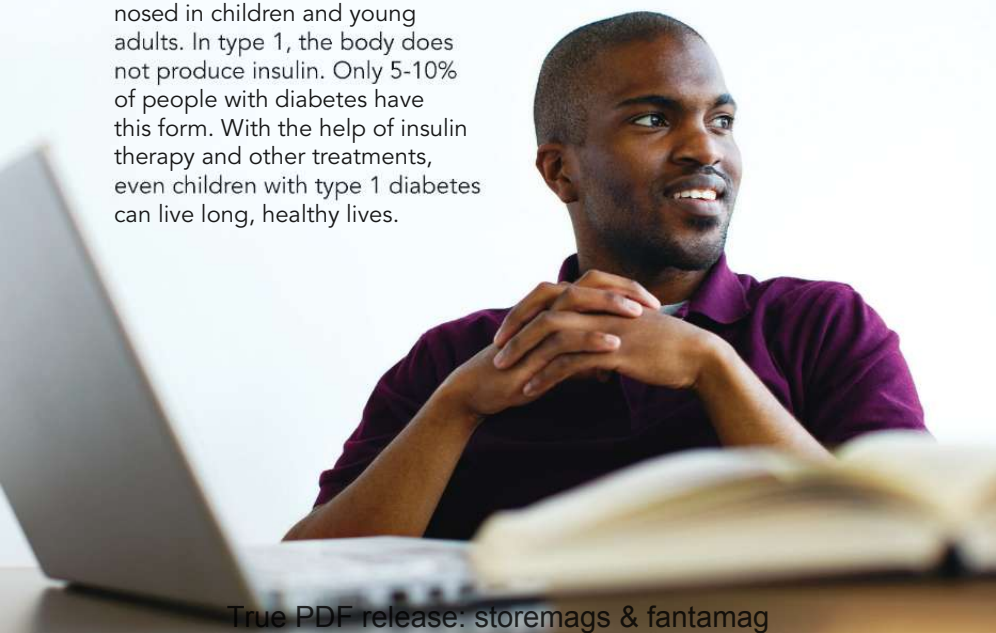
STOP DIABETES®

# get informed

Every 20 seconds, someone is diagnosed with diabetes. The American Diabetes Association is at the forefront of the fight to prevent, treat, and cure diabetes. One important step: Learn. Here are some basics.

- Diabetes is a group of diseases characterized by high blood glucose levels that result from defects in the body's ability to produce and/or use insulin.
- Insulin is a hormone needed to convert sugar, starches, and other food into energy.
- Type 1 diabetes is usually diagnosed in children and young adults. In type 1, the body does not produce insulin. Only 5-10% of people with diabetes have this form. With the help of insulin therapy and other treatments, even children with type 1 diabetes can live long, healthy lives.
- Type 2 diabetes is the most common form. Either the body does not produce enough insulin or the cells ignore the insulin.
- Gestational diabetes occurs during pregnancy. It doesn't mean that you had diabetes before conceiving, or that you will necessarily have diabetes after giving birth. But it's important to follow your doctor's advice, so that you and your baby remain healthy.

Find out about diabetes prevention, symptoms, treatment, and more at **diabetes.org/rd**.



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Often, diabetes is not diagnosed because so many of the symptoms seem harmless. But recent studies show that early detection and treatment decreases the chance of complications. Knowing the symptoms to watch for is key.

STOP DIABETES

## Know the Symptoms

**Type 1 Diabetes**

- Frequent urination
- Unusual thirst
- Extreme hunger
- Unusual weight loss
- Extreme fatigue and irritability

**Type 2 Diabetes**

- Any of the type 1 symptoms above
- Frequent infections
- Blurred vision
- Cuts/bruises that are slow to heal
- Tingling/numbness in the hands/feet
- Recurring skin, gum, or bladder infections
- Often people with type 2 diabetes have no symptoms

If you have any of these symptoms, see your doctor right away. You can also take the online Diabetes Risk Test to find out if you're at risk for diabetes. Go to **diabetes.org/rd** to take the test and for more information on prevention, symptoms, and living with diabetes, from the American Diabetes Association.

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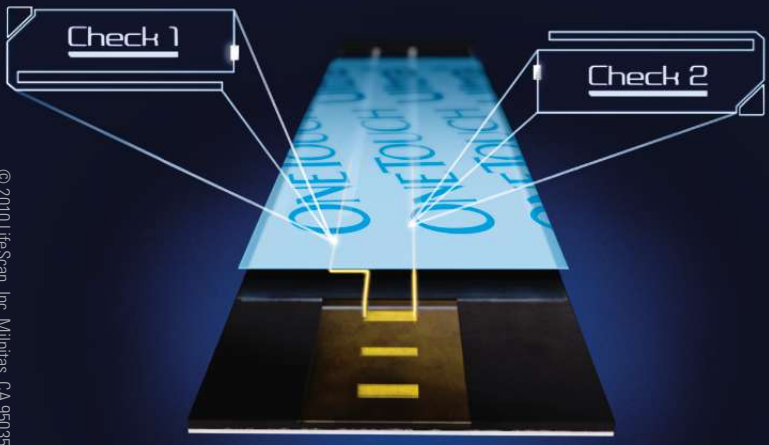
# The test strip with a second opinion built right in.

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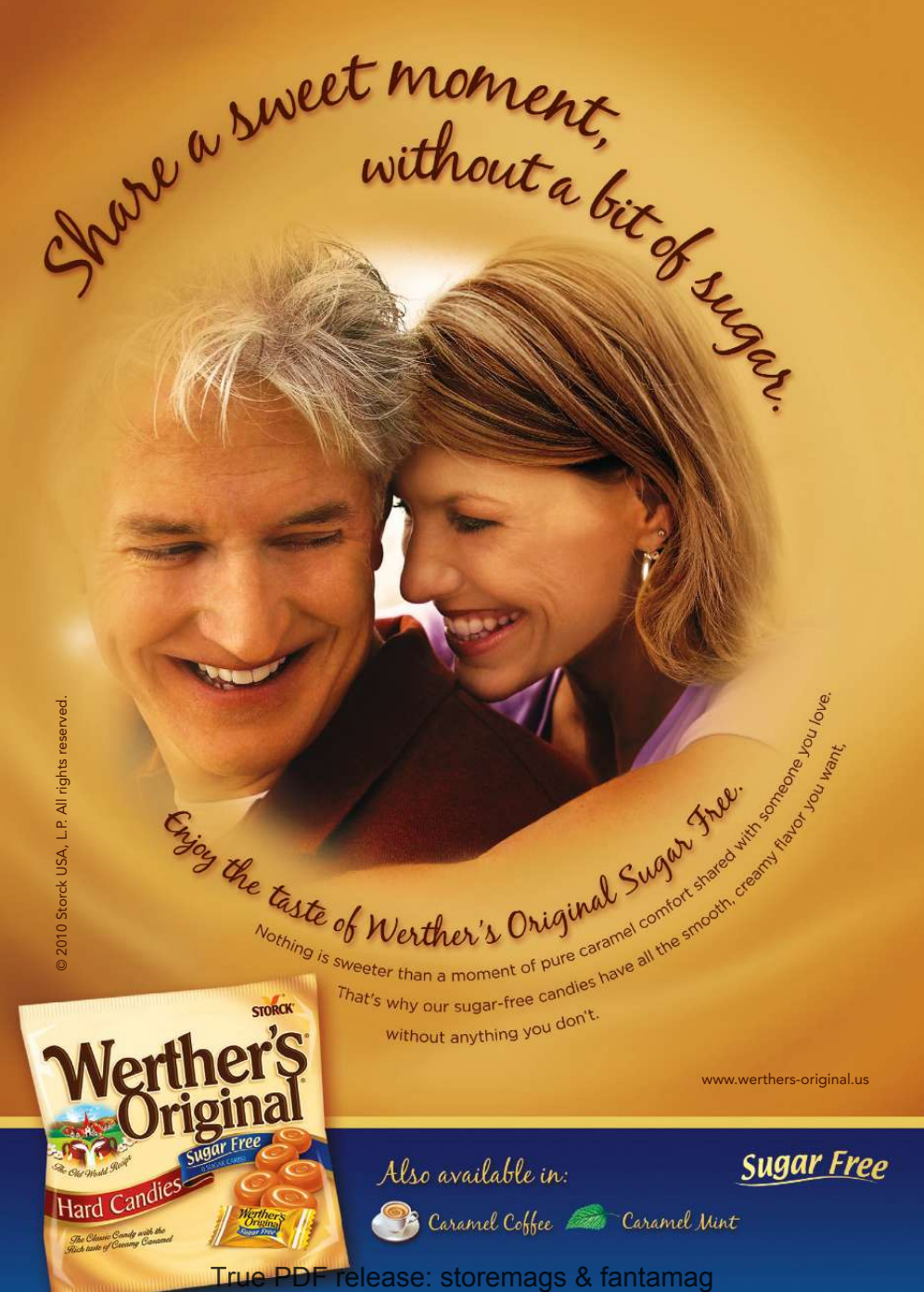
It measures each blood sample not once, but twice, to confirm your result. So you're not just sure about what's happening with your blood sugar—you're DoubleSure™.

OneTouchDiabetes.com

ONETOUCH®

DoubleSure™ Technology

# Share a sweet moment, without a bit of sugar.



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STOP DIABETES®

prevention

You can prevent or delay the onset of type 2 diabetes through a healthy lifestyle. With positive steps like changes in diet, weight loss, and increased physical activity, you can stay healthier longer and reduce your risk of developing type 2 diabetes.

**Who is at risk for type 2 diabetes?**
You may be at greater risk for type 2 diabetes if you:

- Have an impaired glucose tolerance (IGT) and/or impaired fasting glucose (IFG).
- Are over age 45.
- Have a family history of diabetes.
- Are overweight.
- Do not exercise regularly.
- Have a low HDL cholesterol or high triglycerides or high blood pressure.
- Have had gestational diabetes, or had a baby weighing 9 pounds or more at birth.
- Are a member of certain racial and ethnic groups (e.g., Non-Hispanic Blacks, Hispanic/Latino Americans, Asian Americans and Pacific Islanders, and American Indians and Alaska Natives) that are at higher risk.

For more information, visit **diabetes.org/rd**.

***Flourless Chocolate Cake*** *only 11.5g carbs - Get recipe at dLife.com/chocolatecake*

JOIN the largest diabetes community. Membership is **FREE** and gives you access to 9,000+ recipes, 400+ videos and community. Plus get a **FREE** e-cookbook. Go to dLife.com/joinnow. Use promo code: RDCB.

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FOR YOUR DIABETES LIFE!

And don't forget to tune in to the only TV show for diabetes.
***dLifeTV*** every Sunday on CNBC at 7pm ET/ 4pm PT.
Diabetes news, inspiring stories and cooking demonstrations!

# Is **Diabetic Nerve Pain** holding you back?

**Prescription Lyrica is not for everyone.** Tell your doctor right away about any serious allergic reaction that causes swelling of the face, mouth, lips, gums, tongue, throat or neck or any trouble breathing or that affects your skin. Lyrica may cause suicidal thoughts or actions in a very small number of people. Call your doctor right away if you have new or worsening depression, suicidal thoughts or actions, or unusual changes in mood or behavior. Lyrica may cause swelling of your hands, legs and feet. Some of the most common side effects of Lyrica are dizziness and sleepiness. Do not drive or work with machines until you know how Lyrica affects you. Other common side effects are blurry vision, weight gain, trouble concentrating, dry mouth, and feeling "high." Also, tell your doctor right away about muscle pain along with feeling sick and feverish, or any changes in your eyesight including blurry vision or any skin sores if you have diabetes. You may have a higher chance of swelling, hives or gaining weight if

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LYRICA®
PREGABALIN Ⓒ
capsules

# Move towards relief with Lyrica.

Burning, throbbing symptoms in your hands or feet?
Lyrica is FDA approved to effectively treat Diabetic Nerve Pain.
Over-the-counter pain relief pills are not
FDA approved to treat this unique kind of pain.

**Lyrica studies showed that patients had less Diabetic Nerve Pain and felt better.**

***Diabetes damages nerves*** *which may cause a unique type of pain.**

***Lyrica*** *is believed to work on these damaged nerves.*

*Artist depiction of diabetic nerve pain symptoms

**Start the Lyrica conversation with your doctor today.**

you are also taking certain diabetes or high blood pressure medicines. Do not drink alcohol while taking Lyrica. You may have more dizziness and sleepiness if you take Lyrica with alcohol, narcotic pain medicines, or medicines for anxiety. If you have had a drug or alcohol problem, you may be more likely to misuse Lyrica. Tell your doctor if you are planning to father a child. Talk with your doctor before you stop taking Lyrica or any other prescription medication.

*Please see Important Facts Brief Summary on adjacent pages.*

**To learn more visit www.lyrica.com or call toll-free 1-888-9-LYRICA (1-888-959-7422).**

***You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.***

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# *IMPORTANT FACTS*

LYRICA PREGABALIN

(**LEER**-i-kah)

## IMPORTANT SAFETY INFORMATION ABOUT LYRICA

LYRICA may cause serious, even life threatening, allergic reactions.
Stop taking LYRICA and call your doctor right away if you have any signs of a serious allergic reaction:
- Swelling of your face, mouth, lips, gums, tongue, throat or neck
- Have any trouble breathing
- Rash, hives (raised bumps) or blisters

Like other antiepileptic drugs, LYRICA may cause suicidal thoughts or actions in a very small number of people, about 1 in 500.
Call your doctor right away if you have any symptoms, especially if they are new, worse or worry you, including:
- New or worsening depression
- Suicidal thoughts or actions
- Unusual changes in mood or behavior

Do not stop LYRICA without first talking with your doctor.

LYRICA may cause swelling of your hands, legs and feet.
This swelling can be a serious problem with people with heart problems.

LYRICA may cause dizziness or sleepiness.
Do not drive a car, work with machines, or do other dangerous things until you know how LYRICA affects you. Ask your doctor when it is okay to do these things.

## ABOUT LYRICA

LYRICA is a prescription medicine used in adults 18 years and older to treat:
- Pain from damaged nerves that happens with diabetes or that follows healing of shingles
- Partial seizures when taken together with other seizure medicines
- Fibromyalgia (pain all over your body)

Who should NOT take LYRICA:
- Anyone who is allergic to anything in LYRICA

## BEFORE STARTING LYRICA

Tell your doctor about all your medical conditions, including if you:
- Have had depression, mood problems or suicidal thoughts or behavior
- Have or had kidney problems or dialysis
- Have heart problems, including heart failure
- Have a bleeding problem or a low blood platelet count
- Have abused prescription medicines, street drugs or alcohol in the past
- Have ever had swelling of your face, mouth, tongue, lips, gums, neck, or throat (angioedema)
- Plan to father a child. It is not known if problems seen in animal studies can happen in humans.
- Are pregnant, plan to become pregnant or are breastfeeding.
  It is not known if LYRICA will harm your unborn baby. You and your doctor should decide whether you should take LYRICA or breast-feed, but not both.

Tell your doctor about all your medicines. Include over-the-counter medicines, vitamins, and herbal supplements. LYRICA and other medicines may affect each other causing side effects. Especially tell your doctor if you take:
- Angiotensin converting enzyme (ACE) inhibitors. You may have a higher chance for swelling and hives.
- Avandia® (rosiglitazone)*, Avandamet® (rosiglitazone and metformin)* or Actos® (pioglitazone)** for diabetes. You may have a higher chance of weight gain or swelling of your hands or feet.

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## BEFORE STARTING LYRICA, continued

- Narcotic pain medicines (such as oxycodone), tranquilizers or medicines for anxiety (such as lorazepam). You may have a higher chance for dizziness and sleepiness.
- Any medicines that make you sleepy

## POSSIBLE SIDE EFFECTS OF LYRICA

LYRICA may cause serious side effects, including:

- See "Important Safety Information About LYRICA."
- Muscle problems, pain, soreness or weakness along with feeling sick and fever
- Eyesight problems including blurry vision
- Weight gain. Weight gain may affect control of diabetes and can be serious for people with heart problems.
- Feeling "high"

If you have any of these symptoms, tell your doctor right away.

The most common side effects of LYRICA are:

- Dizziness
- Blurry vision
- Weight gain
- Sleepiness
- Trouble concentrating
- Swelling of hands and feet
- Dry mouth

If you have diabetes, you should pay extra attention to your skin while taking LYRICA and tell your doctor of any sores or skin problems.

## HOW TO TAKE LYRICA

Do:

- Take LYRICA exactly as your doctor tells you. Your doctor will tell you how much to take and when to take it. Take LYRICA at the same times each day.
- Take LYRICA with or without food.

Don't:

- Drive a car or use machines if you feel dizzy or sleepy while taking LYRICA.
- Drink alcohol or use other medicines that make you sleepy while taking LYRICA.
- Change the dose or stop LYRICA suddenly. You may have headaches, nausea, diarrhea, or trouble sleeping if you stop taking LYRICA suddenly.
- Start any new medicines without first talking to your doctor.

## NEED MORE INFORMATION?

- Ask your doctor or pharmacist. This is only a brief summary of important information.
- Go to **www.lyrica.com** or call **1-866-459-7422 (1-866-4LYRICA).**

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# 50 SECRETS YOUR PILOT WON'T TELL YOU

BY MICHELLE CROUCH

## Plus What Your Flight Attendant Thinks of You

(LEFT) SUNG-IL KIM/CORBIS; (RIGHT) GEORGE DOYLE/GETTY IMAGES

WE ASKED 17 PILOTS FROM ACROSS THE COUNTRY TO GIVE US STRAIGHT ANSWERS ABOUT MADDENING SAFETY RULES, INEXPLICABLE DELAYS, THE AIR AND ATTITUDES UP THERE—AND WHAT REALLY HAPPENS BEHIND THE COCKPIT DOOR. **WHAT THEY TOLD US WILL CHANGE THE WAY YOU FLY.**

## WHAT YOU DON'T WANT TO KNOW

"I'm constantly under pressure to carry less fuel than I'm comfortable with. Airlines are always looking at the bottom line, and you burn fuel carrying fuel. Sometimes if you carry just enough fuel and you hit thunderstorms or delays, then suddenly you're running out of gas and you have to go to an alternate airport."

*Captain at a major airline*

"Sometimes the airline won't give us lunch breaks or even time to eat. We have to delay flights just so we can get food." *First officer on a regional carrier*

"We tell passengers what they need to know. We don't tell them things that are going to scare the pants off them. So you'll never hear me say, 'Ladies and gentlemen, we just had an engine failure,' even if that's true."

*Jim Tilmon,* retired American Airlines pilot, Phoenix

"The Department of Transportation has put such an emphasis on on-time performance that we pretty much aren't allowed to delay a flight anymore, even if there are 20 people on a connecting flight that's coming in just a little late." *Commercial pilot,* Charlotte, North Carolina

"The truth is, we're exhausted. Our work rules allow us to be on duty 16 hours without a break. That's many more hours than a truck driver. And unlike a truck driver, who can pull over at the next rest stop, we can't pull over at the next cloud."

*Captain at a major airline*

## WHAT WE WANT YOU TO KNOW

"Some FAA rules don't make sense to us either. Like the fact that when we're at 39,000 feet going 400 miles an hour, in a plane that could hit turbulence at any minute, [flight attendants] can walk around and serve hot coffee and Chateaubriand. But when we're on the ground on a flat piece of asphalt going five to ten miles an hour, they've got to be buckled in like they're at NASCAR."

*Jack Stephan,* US Airways captain based in Annapolis, Maryland, who has been flying since 1984



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"The two worst airports for us: Reagan National in Washington, D.C., and John Wayne in Orange County, California. You're flying by the seat of your pants trying to get in and out of those airports. John Wayne is especially bad because the rich folks who live near the airport don't like jet noise, so they have this noise abatement procedure where you basically have to turn the plane into a ballistic missile as soon as you're airborne."

*Pilot,* South Carolina

"At some airports with really short runways, you're not going to have a smooth landing no matter how good we are: John Wayne Airport; Jackson Hole, Wyoming; Chicago Midway; and Reagan National."

*Joe D'Eon,* a pilot at a major airline who produces a podcast at flywithjoe.com

"I may be in uniform, but that doesn't mean I'm the best person to ask for directions in the airport. We're in so many airports that we usually have no idea."

*Pilot for a regional carrier,* Charlotte, North Carolina

"This happens all the time: We'll be in Pittsburgh going to Philly, and there will be a weather delay. The weather in Pittsburgh is beautiful. Then I'll hear passengers saying, 'You know, I just called my friend in Philly, and it's beautiful there too,' like there's some kind of conspiracy or something. But in the airspace between Pittsburgh and Philly there's a huge thunderstorm."

*Jack Stephan*

"You may go to an airline website and buy a ticket, pull up to its desk at the curb, and get onto an airplane that has a similar name painted on it, but half the time, you're really on a regional airline. The regionals aren't held to the same safety standards as the majors: Their pilots aren't required to have as much training and experience, and the public doesn't know that."

*Captain at a major airline*

"Most of the time, how you land is a good indicator of a pilot's skill. So if you want to say something nice to a pilot as you're getting off the plane, say 'Nice landing.' We do appreciate that."

*Joe D'Eon*

## THREE THINGS PILOTS WILL NEVER SAY

**"We're heading into some thunderstorms."**
What they'll say instead: "It looks like there's some weather [or "rough air" or "rain showers"] up ahead."

**"One of our engines just failed."**
What they'll say instead: "One of our engines is indicating improperly." (Or more likely, they'll say nothing, and you'll never know the difference. Most planes fly fine with one engine down.)

**"Well, folks, the visibility out there is zero."**
What they'll say instead: "There's some fog in the Washington area."

"Cabin air is not as dirty as people think. A portion of the air is recirculated because that helps to reduce humidity. But it's run through hospital-quality HEPA filters, and it's actually cleaner than the air found in most public buildings."

*Patrick Smith,* commercial pilot and author, askthepilot.com

"No, it's not your imagination: Airlines really have adjusted their flight arrival times so they can have a better record of on-time arrivals. So they might say a flight takes two hours when it really takes an hour and 45 minutes."

*AirTran Airways captain,* Atlanta

## WHEN TO WORRY

"It's one thing if the pilot puts the seat belt sign on for the passengers. But if he tells the flight attendants to sit down, you'd better listen. That means there's some serious turbulence ahead."

*John Greaves,* airline accident lawyer and former airline captain, Los Angeles

"There's no such thing as a water landing. It's called crashing into the ocean." *Pilot,* South Carolina

"A plane flies into a massive updraft, which you can't see on the radar at night, and it's like hitting a giant speed bump at 500 miles an hour. It throws everything up in the air and then down very violently. That's not the same as turbulence, which bounces everyone around for a while."

*John Nance,* aviation safety analyst and retired airline captain, Seattle

"Is traveling with a baby in your lap safe? No. It's extremely dangerous. If there's any impact or deceleration, there's a good chance you're going to lose hold of your kid, and he becomes a projectile. But the government's logic is that if we made you buy an expensive seat for your baby, you'd just drive, and you're more likely to be injured driving than flying."

*Patrick Smith*

## WHEN NOT TO WORRY

"Pilots find it perplexing that so many people are afraid of turbulence. It's all but impossible for turbulence to cause a crash. We avoid turbulence not because we're afraid the wing is going to fall off but because it's annoying." *Patrick Smith*

"People always ask, 'What's the scariest thing that's ever happened to you?' I tell them it was a van ride from the Los Angeles airport to the hotel, and I'm not kidding."

*Jack Stephan*

"I've been struck by lightning twice. Most pilots have. Airplanes are built to take it. You hear a big boom and see a big flash and that's it. You're not going to fall out of the sky."

*Pilot for a regional carrier,* Charlotte, North Carolina

## WE DON'T GET IT

"Most of you wouldn't consider going down the highway at 60 miles an hour without your seat belt fastened. But when we're hurtling through the



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air at 500 miles an hour and we turn off the seat belt sign, half of you take your seat belts off. But if we hit a little air pocket, your head will be on the ceiling."

*Captain at a major airline*

"If you're going to recline your seat, for God's sake, please check behind you first. You have no idea how many laptops are broken every year by boorish passengers who slam their seat back with total disregard to what's going on behind them."

*John Nance*

## ADVICE FOR NERVOUS FLIERS

"The smoothest place to sit is often over or near the wing. The bumpiest place to sit is in the back. A plane is like a seesaw. If you're in the middle, you don't move as much."

*Patrick Smith*

"If you're a nervous flier, book a morning flight. The heating of the ground later causes bumpier air, and it's much more likely to thunderstorm in the afternoon."

*Jerry Johnson,* pilot, Los Angeles

## WHAT REALLY DRIVES US CRAZY

"Please don't complain to me about your lost bags or the rotten service or that the airline did this or that. My retirement was taken to help subsidize your $39 airfare."

*Pilot,* South Carolina

"Here's a news flash: We're not sitting in the cockpit listening to the ball game. Sometimes we can ask the controllers to go to their break room to check the score. But when I fly to Pittsburgh on a Sunday afternoon, the passengers send the flight attendants up at least ten times to ask us the Steelers score."

*Commercial pilot,* Charlotte, North Carolina

**"THERE IS NO SAFEST PLACE TO SIT. IN ONE ACCIDENT, THE PEOPLE IN THE BACK ARE DEAD; IN THE NEXT, IT'S THE PEOPLE UP FRONT."**

*John Nance*

"I am so tired of hearing 'Oh my God, you're a girl pilot.' When you see a black pilot, do you say 'Oh my God, you're a black pilot'?"

*Pilot for a regional carrier*

## THOSE SILLY RULES, EXPLAINED

"We don't make you stow your laptop because we're worried about electronic interference. It's about

## AIRLINE LINGO

**Blue juice:** The water in the lavatory toilet. "There's no blue juice in the lav."

**Crotch watch:** The required check to make sure all passengers have their seat belts fastened. Also: "groin scan."

**Crumb crunchers:** Kids. "We've got a lot of crumb crunchers on this flight."

**Deadheading:** When an airline employee flies as a passenger for company business.

**Gate lice:** The people who gather around the gate right before boarding so they can be first on the plane. "Oh, the gate lice are thick today."

**George:** Autopilot. "I'll let George take over."

**Landing lips:** Female passengers put on their "landing lips" when they use their lipstick just before landing.

**Pax:** Passengers.

**Spinners:** Passengers who get on late and don't have a seat assignment, so they spin around looking for a seat.

**Two-for-once special:** The plane touches down on landing, bounces up, then touches down again.

**Working the village:** Working in coach.

having a projectile on your lap. I don't know about you, but I don't want to get hit in the head by a MacBook going 200 miles per hour."

*Patrick Smith*

"People don't understand why they can't use their cell phones. Well, what can happen is 12 people will decide to call someone just before landing, and I can get a false reading on my instruments saying that we are higher than we really are."

*Jim Tilmon*

"We're not trying to ruin your fun by making you take off your headphones. We just want you to be able to hear us if there's an emergency."

*Patrick Smith*

"We ask you to put up the window shade so the flight attendants can see outside in an emergency, to assess if one side is better for an evacuation. It also lets light into the cabin if it goes dark and helps passengers get oriented if the plane flips or rolls over."

*Patrick Smith*

## IT'S NOT ALL GLAMOUR UP IN THE AIR

"When you get on that airplane at 7 a.m., you want your pilot to be rested and ready. But the hotels they put us in now are so bad that there are many nights when I toss and turn. They're in bad neighborhoods, they're loud, they've got bedbugs, and there have been stabbings in the parking lot."

*Jack Stephan*



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"Those buddy passes they give us? I give them only to my enemies now. Sure, you can get a $1,000 airfare to Seattle for $100. But since you have to fly standby, it will take you three months to get back because you can't get a seat." *Pilot,* South Carolina

## HERE'S A LITTLE MORE FREE ADVICE

"Cold on the airplane? Tell your flight attendant. We're in a constant battle with them over the temperature. They're moving all the time, up and down the aisles, so they are always calling and saying, 'Turn up the air.' But most passengers I know are freezing."

*Captain at a major carrier*

"I always tell my kids to travel in sturdy shoes. If you have to evacuate and your flip-flops fall off, there you are standing on the hot tarmac or in the weeds in your bare feet."

*Joe D'Eon*

"Most people get sick after traveling not because of what they breathe but because of what they touch. Always assume that the tray table and the button to push the seat back have not been wiped down, though we do wipe down the lavatory."

*Patrick Smith*

"The general flow of air in any airplane is from front to back. So if you're really concerned about breathing the freshest possible air or not getting too hot, sit as close to the front as you can. Planes are generally warmest in the back."

*Tech pilot at a regional airline,* Texas

**"I KNOW PILOTS WHO SPEND A QUARTER MILLION ON THEIR EDUCATION AND TRAINING, THEN THAT FIRST YEAR AS A PILOT, THEY QUALIFY FOR FOOD STAMPS."**

*Furloughed first officer,* Texas

## BEHIND THE COCKPIT DOOR

"Do pilots sleep in there? Definitely. Sometimes it's just a ten-minute catnap, but it happens." *John Greaves*

"People tend to think the airplane is just flying itself. Trust me, that's not true. It can fly by itself sometimes. But you've always got your hands on the controls waiting for it to mess up. And it does mess up." *Pilot,* South Carolina

"One time I rode in the jump seat of a 747 freighter, which carries cargo, not passengers. As soon as the doors

# 13 THINGS YOUR FLIGHT ATTENDANT WON'T TELL YOU

BY MICHELLE CROUCH

"Want to start off on the wrong foot with me? Put your carry-on in a full overhead bin, leave it sticking out six inches, then take your seat at the window and wait for someone else (me!) to come along and solve the physics problem you just created."

"Yes, passengers are incredibly rude, but stealing a beer, cursing out passengers, and jumping out of a plane the way Steven Slater did is not the way to handle it. You disarm an unruly passenger by introducing yourself, asking his name, and saying something like 'I've been incredibly nice to you for three hours. Why are you treating me like this?' Generally that gets the other passengers on your side—and sometimes they'll even applaud."

"We don't have a boyfriend in every city. And our median age these days is 44."

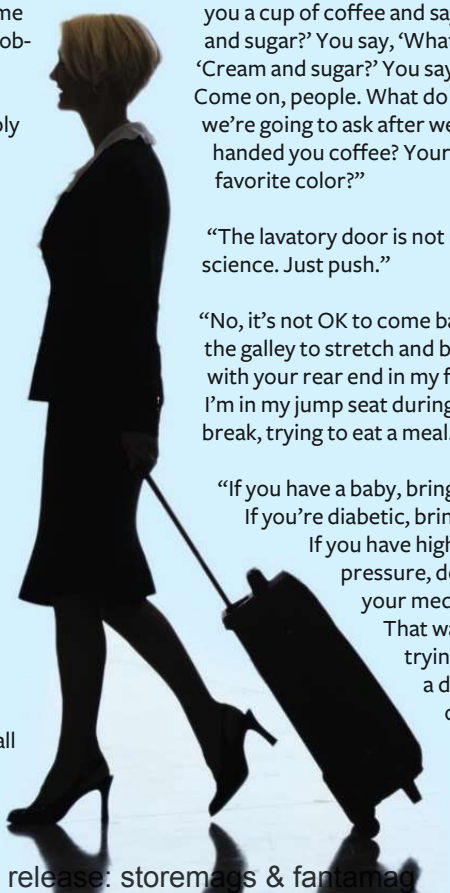
"If you're traveling with a small child and you keep hearing bells, bells, and more bells, please look to see if it's your child playing with the flight attendant call bell."

"An all-too-common scenario: I hand you a cup of coffee and say, 'Cream and sugar?' You say, 'What?' I say, 'Cream and sugar?' You say, 'What?' Come on, people. What do you think we're going to ask after we've handed you coffee? Your favorite color?"

"The lavatory door is not rocket science. Just push."

"No, it's not OK to come back into the galley to stretch and bend over with your rear end in my face while I'm in my jump seat during my only break, trying to eat a meal."

"If you have a baby, bring diapers. If you're diabetic, bring syringes. If you have high blood pressure, don't forget your medication. That way, I'm not trying to make a diaper out of a sanitary pad and a pillow-



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case or asking over the intercom if someone has a spare inhaler."

"Just in case you hadn't noticed, there are other people on the airplane besides you. So don't clip your toenails, snore with wild abandon, or do any type of personal business under a blanket!"

"If you're traveling overseas, do yourself a favor and bring a pen. You would not believe how many people travel without one, and you need one to fill out the immigration forms. I carry some, but I can't carry 200."

"Passengers are always coming up to me and tattling on each other. 'Can you tell him to put his seat up?' 'She won't share the armrest.' What am I, a preschool teacher?"

"I hate working flights to destinations like Vail and West Palm Beach. The passengers all think they're in first class even if they're not. They don't do what we ask. And the overhead bins are full of their mink coats."

"Do you really have to go to the bathroom right now, while we're wrestling a 250-pound food cart down the aisle? You can't wait 90 seconds for us to pass?"

Sources: Longtime flight attendant, Los Angeles; John Safkow, a San Francisco–based flight attendant and creator of marthastewardess.com; and flight attendant Betty Thesky, author of *Betty in the Sky with a Suitcase.*

Additional reporting by *John Clark*

**For more things your flight attendant won't tell you, go to readersdigest.com/flight.**

closed, the first officer went in back and put on a bathrobe and slippers. No kidding. He said, 'I'll be damned if I'm going to wear a tie for a bunch of boxes.'"

*Tech pilot at a regional airline,* Texas

**"REMEMBER THIS BEFORE YOU COMPLAIN ABOUT THE COST OF A TICKET: FARES TODAY ARE ABOUT THE SAME AS THEY WERE IN THE 1980s."** *Patrick Smith*

"We don't wear our hats in the cockpit, by the way. On TV and in the *Far Side* comic, you always see these pilots with their hats on, and they have their headsets on over the hat, and that always makes us laugh." *Joe D'Eon*

## A PARTING THOUGHT

"Here's the truth about airline jobs: You don't have as much time off as your neighbors think you have, you don't make as much money as your relatives think you make, and you don't have as many girlfriends as your wife thinks you have. Still, I can't believe they pay me to do this."

*Commercial pilot,* Charlotte, North Carolina

# HE SAYS, SHE SAYS

## WILL FERRELL AND TINA FEY REVEAL DEEP THOUGHTS ABOUT THEMSELVES—AND EACH OTHER

BY DAVID HOCHMAN

**In the upcoming** animated comedy *Megamind*, Will Ferrell and Tina Fey are out to save the world—if they don't destroy it first. Ferrell voices the bumbling title character, a blue-faced supervillain who questions the meaning of life after killing his archrival, Metroman (Brad Pitt). Fey plays Roxanne Ritchi, the plucky reporter who helps Megamind put the kick back into his baby-seal boots. They seem to make a neat team on-screen, but we got to wondering, How about in real life? Do they know each other at all? So we quizzed them. Fey was all too ready to dish, while Ferrell said, "I'm going to fail miserably." You be the judge.

**Why was Will an ideal costar?**
**FEY:** Because he's made of wood. Also, he is very funny and has a soothing, friendly voice. And he looks good with blue skin.
**FERRELL:** Tina probably said the dashing good looks. Height. Prominent bone structure. Ability to whittle.

**And Tina? What made her ideal?**
**FERRELL:** Her beautifully conditioned hair.

**What is Tina's particular scent?**
**FERRELL:** Not unlike that of an evergreen forest with the aroma of birthday cake.
**FEY:** Have you ever smelled an Italian sub sandwich? Like that.

PHOTO BY MICHAEL MURPHREE/DREAMWORKS ANIMATION



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**The former *Saturday Night Live* cohorts reunited for *Megamind*.**

**And Will's?**
**FEY:** Rhubarb-y.

**Any annoying habits on the set?**
**FEY:** Will likes to shoot off firecrackers while you're talking. He'll probably say it's my habit of bringing stray animals into the recording studio.
**FERRELL:** Tina will eat only with chopsticks.

**How are you like your characters?**
**FEY:** Roxy is not easily scared or intimidated, which I'd like to believe is a quality we have in common. She is a fast talker, as am I. And she has a tiny body and a big behind.
**FERRELL:** Let's see. Megamind is handsome against all odds. We share that. He's tenacious. I'm tenacious. He's remarkably sensitive, and so am I. And we both have wardrobes consisting primarily of black leather. Wait. Scratch that. I don't own any black leather.

**Do either of you have any secret superpowers?**
**FEY:** I'm able to turn anxiety into sleepiness.
**FERRELL:** I'll go on record that Tina can do a 47-inch vertical leap and actually dunk a tennis ball. I can shuffle cards Vegas-style. Not everyone can do that.

**What was the best thing about making this movie?**
**FERRELL:** No personal grooming or hygiene was required. I prefer working that way.
**FEY:** There was no physical comedy, which can be hard on the old bones.

**Did you see a different side of Will during filming?**
**FEY:** I got to see so many facets of Will on *SNL*, so no. I wish you would take that up with him. I was promised new sides.

**Do you know what you'll be for Halloween this year?**
**FERRELL:** Not yet. Two years ago, I went as Batman, and my son Magnus went as a smaller Batman. Anytime anyone would say to Magnus, "Hello, Batman," he would whisper to me, "They think I'm the real one." I hope Tina says Roxy. Both she and Tina are incredibly intelligent. Both are sharp dressers, and they love the same color of lipstick, which I believe is topaz.
**FEY:** Last year, I dressed up as Joan from *Mad Men*. Nobody really knew what I was trying to pull off, but I was really happy with it. I had the vintage dress and a red wig, and, let's be honest, I had to stuff my bra a lot. I think it would be good marketing for Will to go as Megamind. It would be nice to get that moving.

**What candy bar best describes you?**
**FERRELL:** I'd have to say Snickers. Very solid. Dependable. Classic. Tina? No question. She's 100 percent Almond Joy.

**What historical figure are you like?**
**FEY:** Betsy Ross. We both started off behind the scenes—she as a seam-



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Reporter Roxanne Ritchi (Fey) falls under the spell of the evil Megamind (Ferrell).

stress, I as a writer. We both sewed things together to aid the revolution.
**FERRELL:** Can I say God? No? Then pass.

**What is your most impressive quality as a parent?**
**FERRELL:** Not misplacing them. The children, that is. [Will and his wife, actress Viveca Paulin, have three sons, Magnus, six, Mattias, three, and Axel, ten months.]
**FEY:** I've only recently gotten to know Will as a dad. But I suspect he sings bedtime lullabies in a very, very high octave. For me, I'd say bending over to pick up my daughter. If you think I'm joking, you're obviously not a parent. [Fey and composer husband Jeff Richmond have a daughter, Alice, five.]

**What movie should Will remake?**
**FEY:** *Being There.*

**And you?**
**FEY:** *Mothra.*

**What was striking about Will's on-set friendship with Brad Pitt?**
**FEY:** I suspect Will is going to tell the truth if you ask him, which is that when he looked at Brad, he felt as if he were gazing at himself in the mirror.
**FERRELL:** To be honest, the most striking part is that I never saw him while making this movie. Tina never saw him either. Our recording sessions were done at different times. That's how it goes with animation sometimes.

**Did you and Tina see each other while making this?**
**FERRELL:** We actually did. We got the unique opportunity to work together, so now when people ask what it was like to work together, I can legitimately say, "It was great!" ■

COURTESY DREAMWORKS ANIMATION

**Meredith Ellen Harrington (left) and Meredith Grace Rittenhouse (right) at one of their frequent reunions.**

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# A Bond So Strong

**How two orphaned sisters, born in China, separated at birth, and adopted by different American families, came to find each other**

BY SUSANNAH MEADOWS
FROM NEWSWEEK.COM

CHARLES OMMANNEY/GETTY IMAGES

**This story** beats love at first sight. Two people longed for each other, though they may have never met. They felt connected, though they may have never touched. They'd even been given the same first names, though their families were strangers. By the time Meredith Grace Rittenhouse and Meredith Ellen Harrington were finally introduced, love was almost beside the point. Their bond was more mysterious, more fundamental. The Mereditths are Chinese fraternal twins who were adopted by two different American families. The girls found each other six years ago, when they were four, and haven't let go since.

It was on an early December day in Jiangmen, China, that Meredith Grace's birth mother said goodbye to her newborn baby girl. In China, children who are abandoned by their parents are often left in public places to ensure they are found quickly. Meredith Grace's mother left her in a busy part of town, the entrance to Holiday Park, across the street from an orphanage. If anyone knew how long Meredith Grace lay on that sidewalk or heard how loudly the baby cried, it might have been her own mother—parents who abandon their babies have been known to wait nearby, watching over their children, unable to do more than see who comes along to rescue them.

Meredith Grace was taken in by the Jiangmen City Social Welfare Institute on December 8, 1999. In the single typed page of history that the orphanage supplied to her adoptive family, she was described as weak upon arrival. The administrators estimated she was one week old and born on December 1. A few weeks later, another baby girl was also found nearby. Her date of birth was calculated as December 16.

For nine months, the two girls lived at the orphanage. As far as their adoptive families know, there was no reason for the institute to suspect that the abandoned babies were twins. They slept in stainless steel cribs lined up end to end and played on bamboo mats placed on the pink tile floor, but they would have been too young to interact. The girls' adoptive parents believe, however, that they were cared for by the same two nannies. At four years old, both girls were able to remember which nanny was the "nice" one and which nanny was the "mean" one when they were shown a picture of the women (even though the "mean" one was smiling). Such is the detective work of families hoping to determine whether their daughters knew each other from the beginning.

When she was ten months old, Meredith Grace moved into her new



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**Meredith Grace (right) welcomes Meredith Ellen to Chicago at Midway Airport in 2009.**

home in suburban Chicago with Jim and Susan Rittenhouse, both federal employees, a science-fiction buff and a dog lover, respectively, and now parents. Meredith Grace was an early talker and, like her father, an enthusiastic one. Bubbly and smart, she developed a passion for geography and was soon drawing maps of the continents and begging for a globe. She adjusted well to life in America, but she was obsessed with the idea of sisters. She used to tell her preschool teacher about the one she had in China; her parents took this to mean that she wanted one. Asked to complete the sentence "When I grow up, I want to be a ... ," three-year-old Meredith answered, "Sister."

One month before the Rittenhouses adopted Meredith Grace, Leigh Anne and Mike Harrington had named their little girl Meredith Ellen and taken her home to Birmingham, Alabama. Soon after, Meredith Ellen spoke her first words. When she was two, she asked for a globe and started studying the continents. Meredith Ellen was quieter than the sister she didn't yet know about in Chicago. And she went through periods of melancholy, telling her parents, "I'm so lonely. I wish I had a sister." When Meredith was three, Leigh Anne and Mike decided to give her one—they adopted Ally, also from China but from a different city. In Chicago, the Rittenhouses were considering adopting a sister for their Meredith when a Yahoo group posting caught Jim's eye. He

was skimming over a message board, started by his wife, connecting parents who'd adopted children from the Jiangmen City Social Welfare Institute around the same time. He rarely bothered to read messages anymore, now that Meredith's adoption was almost four years on, but one posting was from a family he and Susan had once exchanged a few friendly messages with during the lead-up to their respective adoptions. He remembered that they'd chosen the same name for their daughters. Now the other family was posting a recent photograph. Jim moved his mouse to the link and clicked. There on his screen was what looked like his own daughter's face. His wife was in the next room. "Honey?" he said.

Soon the families were swapping photos and stories. One picture showed Meredith Grace in front of the dollhouse she'd gotten for Christmas that year, her head slightly cocked into an apostrophe. Leigh Anne thought the girls had an uncanny resemblance and asked Meredith Ellen, who tended to tilt her head in a similar way, for her opinion of the picture. "That's me, but I don't have that dollhouse or the dress," the four-year-old said. Meanwhile, in Chicago, Susan Rittenhouse's casual initial observation that the girls might be siblings had acquired new punctuation: "Wow, they could be sisters!" A DNA test eventually told the two sets of parents what they already knew.

**Speaking for the first time on the phone, Meredith Grace whispered "love you" to the sister she'd never met.**

Here were two young children with shared DNA being raised apart, a near-perfect nature-and-nurture experiment. Twins allow research-



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**Meredith Ellen watches as Meredith Grace cleans the hoof of her favorite horse at a stable near Birmingham.**

ers to compare the effects of various environments on the same or similar DNA. As a result, such siblings are already the source of much of what we know about the role genes play in who we are. But so far the science has been limited by two realities of family life. First, twins are usually raised together in the same environment. Second, in the rare cases in which they've been separated, twins typically are not reunited until later in life. So any information about their early lives is filtered through the cloudy glass of memory.

But now the two Merediths are giving researchers a chance to study young, separated twins in real time and, therefore, more accurately. Nancy Segal, PhD, the founder and

Meredith Ellen, on her father Mike's shoulders, with her sister Meredith Grace at the Rittenhouses' home near Chicago.

director of the Twin Studies Center at California State University, Fullerton, has recruited ten sets of Chinese twins (five fraternal and five identical) adopted by different families, including Meredith Ellen and Meredith Grace. Her groundbreaking prospective study—as opposed to a retrospective study—includes a control group of 30 additional sets of adopted Chinese twins, 27 of which are identical, being raised together. (Quick biology refresher: Fraternal twins are produced when the mother releases two eggs, which are each then fertilized by a different sperm cell. Identical twins result from one egg, which divides after being fertilized by a single sperm cell. The term *identical twins* is considered outdated because the DNA of identical twins, once believed to be exactly the same, has been found to have some variations. The word *monozygotic*, meaning "one egg," is now preferred in scientific circles.) Segal is taking a broad look at her subjects, watching the twins' intellectual and personality development, how they've adjusted to adoption, and whether they become more or less alike as they age.

For all the data twins can offer about genes and environment, little is known about the relationship between twins themselves. Thomas J. Bouchard, Jr., PhD, professor emeritus of psychology at the University of Minnesota and a former colleague of Segal's, is the godfather of twin research, having run the Minnesota Study of Twins Reared Apart for two decades. More than 191 published



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papers later, he admits he has no clue what bonds twins together. He remembers watching two 18-year-old male monozygotic twins, who'd been raised by separate families, meeting for the first time. Their connection was so intimate at their very first moment together that they held hands and walked off, talking. "I almost thought it was a miracle," Bouchard says. "I'm not a religious person. It's just a profound sort of thing."

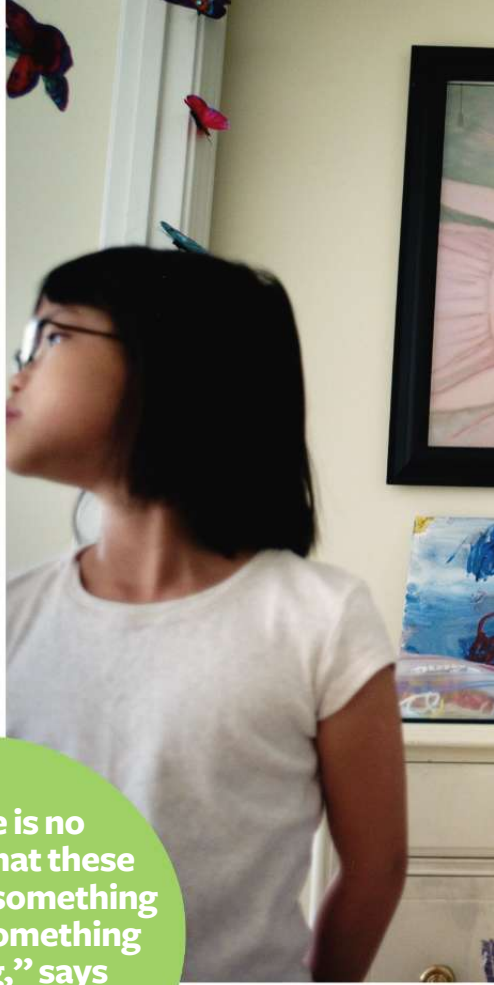
**Meredith Grace was** introduced to her sister in the parking lot of a Birmingham hotel. Both girls had been told only that they were from the same orphanage. Days before, the four-year-olds had spoken on the phone. Before hanging up, Meredith Grace whispered "love you" to the sister she'd never met. And now here she was. Across from Meredith Grace was someone with the same glossy black hair and khaki-colored skin she'd seen in her mirror but never in a member of her adoptive family. The girls circled each other for just a moment. When they finally released each other from that first hug, they took each other's hand, Meredith Grace on the left, Meredith Ellen on the right. Meredith Ellen told Meredith Grace, "I think we were born together."

**When they finally released each other from that first hug, they held hands and Meredith Ellen said to her sister, "I think we were born together."**

Most of the twins in Segal's study who were older than 18 months when they were reunited experienced a similar instantaneous attraction when they met for the first time, their parents said. A couple of parents used the word *magnetic* to describe the children's overpowering pull toward each other. Others used phrases like "connected at the hip," "totally focused on each other," and "understood everything the other one said." Little 22-month-old monozygotic twins who'd never interacted much with their peers went off to sit at their own table to talk, feed each other, and discuss how "yummy" everything was. Segal believes that the twins' apparent immediate and profound connection comes in part from their shared DNA. "They perceive similarities, and it draws them together, as with most people," she says. We already know that spouses tend to have similar intelligence, values, and even height. Segal's research shows that even at a very early age, people are attracted to people like themselves and that DNA likely plays a part.

The corollary to the Merediths' elation at finding each other is the devastation at having to separate again after visits. Grief unspooled into tantrums—"worse than I've ever seen before in

her whole life," Jim Rittenhouse wrote in his online journal after the girls' first reunion. "One night last week, she got to the point of taking an ice cream whatsit and throwing it with as much force as she could at the table." Since that first meeting almost six years ago—the girls are now ten—they've seen each other about a dozen times. Between visits, they don't speak on the phone, because it makes them too sad. But Meredith Grace has told her parents that she thinks about Sissy, as they call each other, ten times a day. Visits are arranged out of necessity, when the yearning becomes unbearable, a point, their mothers say, that each girl reaches at the same time. Meredith Grace's temper flares. Meredith Ellen sometimes cries at night, saying, "I miss Sissy." Once in a while, she will put on glasses, which she doesn't need but her twin does. So the word goes out. "Mer is missing Sissy a lot right now. She has even thought tonight that she wishes they could both be back in China together," went one e-mail from Leigh Anne to her counterpart in Chicago. Travel websites are consulted for sales. Flight dates are marked on the calendar. And the emotional turmoil immediately subsides.



**"There is no denying that these girls share something beyond, something amazing," says Meredith Ellen's mother.**

And so it goes for the "twin-laws"—the families' term for one another—who find themselves in an arranged marriage with a group of strangers. Extra money goes toward airline tickets between Chicago and Birmingham. Family vacations are spent at each other's suburban homes 700 miles apart. But for both the Rittenhouses and the Harringtons, the joy of seeing the girls



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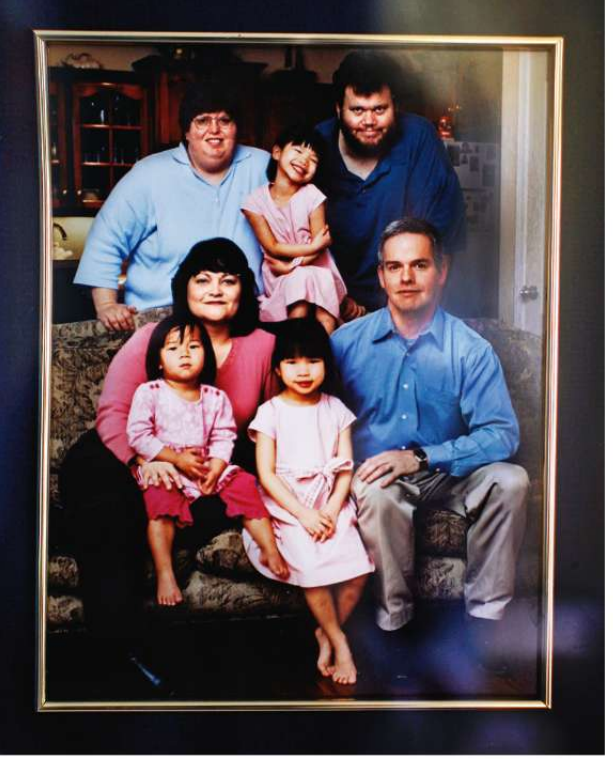
**The girls in Birmingham, in front of a portrait made in 2009.**

together outweighs the challenges of reuniting them. They've developed a warm, respectful relationship.

Despite the emotional stress on everyone, both Merediths say they feel complete now that they've found each other. Meredith Grace became more confident, her mother says. She faced her fear of dogs because her twin had five of them, and she got over her aversion to putting her face underwater because her twin could. Meredith Ellen's blues disappeared, and she now competes in equestrian events. "I feel close to Sissy because she has been with me since the beginning, and when we were put in orphanages, I knew that it was sort of hard, but I knew that I would find the missing piece in my heart. I found the missing



**Modern family: Back row, left to right, Susan, Meredith Grace, and Jim Rittenhouse. Seated, left to right, Ally, Leigh Ann, Meredith Ellen, and Mike Harrington.**

piece," she wrote in her diary. The parents found themselves reoriented too. "We have always felt that family bonds are not dependent on genetic connection. It is the foundational belief of our family," Leigh Anne, a family therapist specializing in international adoption issues, wrote in an e-mail to a friend right after the Merediths met. "However, there is no denying that these girls share something beyond. It is amazing."

Their reunions at the airport have become a ritual. On a warm morning last year, Meredith Grace was too nervous to eat. In the car on the way to Chicago's Midway International Airport, she clutched her stuffed dog, Scruffy, along with a ziplock bag of bologna for when the hunger kicked in. She was wearing a navy T-shirt and cargo pants, the same thing her sister would have on: Outfits are coordinated weeks in advance. When Meredith Grace spotted her sister coming through security, she dashed into her arms. The clock ticked and ticked. Eventually they pulled back and gazed into each other's eyes, heads tilted, just like in the picture that brought their families together. You almost wanted not to look, the way you'd avert your eyes from two people kissing in the street. Then they were two little girls again, one admiring the other's necklace, both jumping up and down and screaming "Yay! Sissy!" in unison. Taking off to get the luggage, they held hands. Meredith Grace was on the left, where she's been for years. Seeing them united, you understand why the siblings won't settle for talking on the phone, an experience Jim calls "pretty thin gruel."

And so their visits are cram sessions: jumping on a beanbag, karaoke, tickling, Uno, poking, sharing ear-



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buds, playing teacher, posing for pictures, hide-and-seek, pillow fighting, swinging, giggling, swimming, digging a hole in the sandbox. This was just one afternoon during a recent Chicago visit. Not every second is bliss. Like all sisters, they can get on each other's nerves—"Would you literally stop that?" and the sibling classic "Get your butt off me!" Always, they are in physical contact, as if to reassure each other that they're still there. "Absolute radiant joy" is how Jim describes watching the girls together. "Seeing them is like sitting by the fireplace and feeling the warmth."

Six years ago, Meredith Grace drew her dream house: two town houses next door to each other for their families, with the girls' bedrooms connected by a door. Her latest idea for getting the Harringtons to relocate to a house in her neighborhood: "We could have that old man move out." Though the Rittenhouses and Harringtons have considered moving closer to one another, for now the girls will have to settle for visits, like a recent joint trip to Disney World. Standing in line for the Pirates of the Caribbean ride, the spookiness was getting to Meredith Grace. When their boat pulled up, Meredith Grace climbed in and sat between her mother and father while Meredith Ellen shared another row with her family. But as soon as they were off, Meredith Grace scrambled over the seat to clutch her twin for comfort. There, next to Meredith Ellen, she was right where she was supposed to be.

Susannah Meadows is a senior writer at *Newsweek*, reporting on national affairs.

NEWSWEEK.COM, DECEMBER 3, 2009. © 2009 NEWSWEEK, INC.

## 17 TRENDY WORDS PAST THEIR PRIME

**Saying "not!" after a** statement to indicate you don't actually believe it won't date you in the least. Not! (1) Phrases like "bling" (2), "talk to the hand" (3), "been there, done that" (4), and "cutting-edge" (5) are so not cutting-edge. They've run their course of first lending us a decorative hipness (6) and then, after, like (7), totally awesome (8) overexposure, becoming establishment slang. It's a bummer (9), I know, when people mentally add a decade to your age by using words that have long ago passed their sell-by date (10). The day my young son visibly cringed when I said a toy was "neat-o!" (11) was the day he told me I was past it.

Problem is, many of these same old, same old phrases have become indispensable: "diss" (12), "dude" (13), "my bad" (14)—how could we talk without them? But be under no illusion that they make you seem "with it" (15). Because believe me, girlfriend (16), you don't want to go there (17).

*Leslie Savan*

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# Look >>

**SEE THE WORLD DIFFERENTLY**

# «Twice

What looks like a quiet, earthy task is in fact a community preparing a brilliant celebration of light. The "ash" that these workers in the Siliguri suburbs of India are packing (with bare hands!) is a highly toxic material used to make fireworks for Diwali, a five-day autumnal holiday in India and Nepal. (And, yes, sometimes the material explodes, with deadly results.) During Diwali (November 5 to 9 this year), entire towns are illuminated. People light lamps or candles in their homes, exchange sweets, and set off fireworks to symbolize the triumph of goodness over the forces of darkness.

PHOTOS: ©THILO NASS

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# Act Fast! 7 Ailments That Can't Wait

## These seemingly minor woes can take over your life. **Don't let them.**

BY STEPHEN FRIED

**Wherever Steve Hart looks,** the 49-year-old technology consultant sees a reminder of the risk he took that damaged his eyesight. Hart's once-perfect vision is marred by a small spot that will forever be out of focus, like viewing a 3-D image without the glasses—a result of the torn retina he ignored for three days. If he had called his doctor the Saturday morning that he started seeing little spots called floaters, the tear might have been repaired with a simple laser treatment; he could have gone back to work on Monday. Instead he waited until Wednesday to consult his physician, after he suddenly lost most of the sight in his left eye. By then, he needed surgery that would keep him out of work for four weeks, and his vision has never been the same.

"If you have changes in your eyesight, do not hesitate," Hart says. "Wherever you are, call your doctor. It will save you an unbelievable amount of grief."



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ILLUSTRATED BY MARIA RENDON

But what Hart did—or didn't do—is alarmingly common. Many of us are taught from an early age that the grown-up response to pain, weakness, or emotional turmoil is to ignore it, to tough it out. And because of the weak economy, more of us are toughing it out than ever before. A recent poll by the Kaiser Family Foundation reported that 45 percent of Americans are putting off medical care because of financial pressures. We tell ourselves this approach has no major consequences—that it may be inconvenient and perhaps painful but that it's not really dangerous. Yet research is making it increasingly clear that in many cases, toughing out symptoms can cause irreversible harm.

That's true for depression and migraines and even for the common sprained ankle. According to Jay Hertel, PhD, a leading expert on joint physiology, so many people ignore ankle sprains or discontinue treatment before the injury is healed that orthopedists cringe at the advice given to kids everywhere: "Walk it off." Recent studies show that when you sprain your ankle, some of the sensory receptors in your ligaments (which help the brain know where your leg and foot are positioned) can be permanently damaged by improper care. As a result, the ankle loses a bit of its ability to communicate with your brain about how to avoid further trauma, and you become vulnerable to reinjury.

Protect yourself from annoying symptoms, lifelong pain, or worse. Here are seven ailments you should never ignore—and how to treat them.

## 1 The Worst Headache of Your Life

We all have headaches, but in some cases, a pain in the head can be a sign of a life-threatening medical emergency, like a ruptured aneurysm or a stroke.

**What to do:** According to experts at the Mayo Clinic, if you experience a "sudden severe headache like a clap of thunder," especially if it gets worse despite resting and taking standard over-the-counter pain medicine, it might mean that an aneurysm—a weakness in the wall of a blood vessel—has ruptured, causing bleeding into the brain. That's as bad as it sounds and requires immediate medical attention. A headache that's accompanied by slurred speech or weakness on one side of your body is a classic sign of a stroke, most often caused by a blockage in the brain's blood supply. You have a "golden window" of just a few hours in which treatment is most effective—get to an emergency room or call 911. If a worsening headache follows even a minor fall or blow to the head, it can be a tip-off to potentially lethal brain swelling. Call your doctor regardless of the time of day (remember that actress Natasha Richardson did not, and it cost her her life).

## 2 Migraines

No one suggests that these painful and debilitating headaches require an emergency response. But studies have produced



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some troubling findings lately for women who regularly experience migraines with auras—perceptual distortions, usually visual, such as flashing or zigzag lights or blurred vision. These headaches used to be thought of as episodic, "with no trace they'd occurred," says Lenore Launer, PhD, chief of neuroepidemiology at the U.S. National Institute on Aging (NIA). But not anymore. Launer's studies at NIA found that women who get migraines with auras show small brain lesions—tiny areas in the cerebellum where tissue has died—at a rate nearly double that of women who aren't saddled with migraines. Whether these brain changes are caused by migraines with auras or the changes cause migraines (or some combination of the two) is still being studied. But they are one more reason to get preventive treatment.

**What to do:** Anyone with severe or frequent headaches should see a doctor who provides the most up-to-date treatments, including help identifying and managing headache triggers along with medications that can abort attacks and control pain. There's no evidence that these approaches will prevent or reduce brain lesions, but experts believe they'll lower the odds of your migraines becoming chronic. (Some people suffer migraines 15 or more days each month, an agonizing way to live.)

Fifty percent of women in one study wouldn't call 911 **even if they thought they were having a heart attack.**

## 3 Depression

Although many people view depression as minor, experts know it as a crippling disorder that should be treated promptly. Studies show that the longer you delay getting help, the harder it can be to get symptoms under control. And recent imaging studies have even led some researchers to suggest that the part of the brain called the hippocampus may shrink in people with multiple episodes of depression.

**What to do:** If you experience a persistent sad or anxious mood, feelings of hopelessness, lack of interest in work or hobbies, or recurring thoughts of dying or suicide, seek help from a psychologist, psychiatrist, or other mental health professional, says Kay Redfield Jamison, PhD, a professor of psychiatry at Johns Hopkins. Or at least make sure you talk frankly about your experiences with your primary care doctor, who should know when to refer you to a specialist. Decisions about how long to continue therapy, medication, or both are ones you should make with a health-care professional—not on your own. Too many people simply stop taking medications, which can result in a very rocky landing or even a relapse.

## 4 Ankle Sprains

When you sprain your ankle, you stretch one or more of the three main ligaments that hold the joint together. If you don't treat the sprain properly, the fibers in these ligaments can heal in an inappropriately shortened or lengthened

position, leaving you prone to further injury. Indeed, up to 30 percent of people who sprain their ankles develop "chronic ankle instability," leading to a cycle of repeated injury.

**What to do:** If you turn your ankle and can't walk on it at all—or even put weight on it—go to the emergency room to rule out severe ligament damage and broken bones. If you can walk without excruciating pain, wrap your ankle with a compression bandage to reduce swelling, and get off your feet. Keep your ankle elevated as much as possible for 48 hours, applying ice for 20 minutes every two hours.

Even after the pain and swelling are gone, don't consider yourself fully healed, says surgeon John Kennedy, MD, of the Hospital for Special Surgery in New York; to make sure you don't reinjure your ankle, you need to strengthen it. Kennedy recommends a regimen of balance-improving exercises, including this one: Stand flat on one foot, with the opposite leg bent at the knee, then switch legs and repeat. Begin by brushing your teeth while standing flamingo-style for 30 seconds; work up to 3 minutes per leg.

## 5 Crushing Chest Pressure

Despite all the exhortations in recent years to take possible signs of heart attack seriously, a study in the *Journal of the American Medical Association* showed that 40 to 50 percent of those with symptoms still ignore them for up to six hours. Unfortunately, heart muscle begins to die within 30 minutes of the onset of an attack, according to interventional cardiologist David Fischman, MD, at Jefferson Medical College in Philadelphia. Especially shocking: A recent study by researchers at NewYork-Presbyterian Hospital found that half the women surveyed would not call 911 *even if they thought they were having a heart attack.*

Part of the problem is that people expect a heart attack to hurt, yet the most dangerous symptom is not pain but pressure, according to Dr. Fischman. "Sharp pain is more likely to be musculoskeletal—annoying but not dangerous," he says. "What you have to be careful of is sudden chest discomfort that feels like someone is sitting on your chest. The feeling of pressure can also radiate into your arms, back, and jaw. If moving around or pushing down on your chest makes it worse, it's probably not a heart attack; if it's the same when you move, you need to be evaluated immediately." Women need to be especially careful, Dr. Fischman says: They're less likely to feel chest pressure and more likely to have easily overlooked discomfort in the arm, back, or jaw. "It's crucial that you be aware of your body. If the feeling isn't the norm for you, get it checked out."

**What to do:** Call your doctor immediately—or, better yet, make the call while you're on the way to the emergency room. "And it couldn't hurt," says Dr. Fischman, "to pop an aspirin on the way."

## 6 Abdominal Pain

The world is full of bellyaches and bellyaching, but there are some abdominal pains you shouldn't ignore. They can be symptoms of appendicitis or other potentially life-threatening conditions.



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**What to do:** Sharp stomach pains that worsen when you move or wake you from a sound sleep could signal a dangerous problem—appendicitis or even a gall bladder or colon crisis, says Lawrence R. Schiller, MD, of Baylor University Medical Center. If the pains are accompanied by fever, swelling, or tenderness; vomiting, diarrhea, or constipation; a change in the color of your urine; or a yellowing of your skin or the whites of your eyes, contact your doctor immediately or go to the emergency room. Do the same if you have sudden abdominal pain that radiates to your back or groin, especially if you feel light-headed.

## 7 Sudden Changes in Vision

According to Julia Haller, MD, ophthalmologist-in-chief at Wills Eye Institute in Philadelphia, people may put off treatment for vision problems—as Steve Hart did when he experienced symptoms of a torn retina—because they're tricked by the brain's ability to compensate. "The brain readily shifts from one eye to the other," she explains. "Many people will notice that things suddenly aren't right with their vision, but because they are still seeing pretty well out of one eye, they don't realize how bad the other one has become." But sudden changes in vision can indicate a number of problems that require immediate treatment.

**What to do:** If you see flashing lights or floaters (which can look like dark spots, strands, threads, or webs), or if it seems like a curtain or shade is sliding over your field of vision—or if you suddenly just can't see out of one eye—call an ophthalmologist immediately or get to the ER. While a retinal tear and a retinal detachment are among the more common conditions associated with these symptoms (especially in patients over 40), there are other possible causes that a specialist needs to rule out. Most can be treated relatively noninvasively if they are caught early: When a retina tears, there is a period of a few hours or a day during which it can be treated with a noninvasive laser technique. For a detachment, you'll need surgery. "The longer the diagnosis is delayed," says Dr. Haller, "the less chance you have of recovering your vision."

Depending on the severity of your symptoms, you may be unable to drive yourself to the doctor or hospital. Dr. Haller says it's okay to drive if you can see out of one eye—just don't eat along the way. "It's very possible you'll need surgery," she says. "And you can't have it right after you've eaten."

Stephen Fried is author of *Appetite for America.*

### THE OLD BALL & COMPLAIN

**I've been married to** one Marxist and one Fascist, and neither one would take the garbage out. *Lee Grant*

**It wasn't exactly a** divorce—I was traded. *Tim Conway*

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# Flour POWER

**His reality show Cake Boss is a hit, and so is his family's bakery—but times weren't always sweet. Here's how Buddy Valastro found inspiration when he needed it most.**

BY BUDDY VALASTRO
FROM *CAKE BOSS*

GEORGE LANGE/TLC; (CUPCAKE) TINA RUPP/TLC

**The decorating room** on the second floor of Carlo's Bakery, my family's business in Hoboken, New Jersey, is like heaven on earth to me. It's where we turn out cakes for every occasion imaginable. On Monday, the big challenge might be a ten-tier wedding cake showered with delicate sugar flowers; on Tuesday, it could be a birthday cake shaped like a soccer field, complete with figurines of the players; on Wednesday, we might replicate a pop star's new CD cover in icing and gum paste; and Thursday and Friday ... well, we'll cross those bridges when we get to them.

I used to spend all my time in that grown-up playpen back when my father ran the bakery, but now I'm not just a decorator—I'm the Boss. A portion of each day is spent in my office down the hall, and there's always a line of people waiting to see me, including couples planning their wedding. The look in the eyes of a bride-to-be as she describes her ideal cake is like nothing you've ever seen. Our customers entrust their dreams to us, and we have the power to make or break memories. That might not be the same as being a surgeon or a firefighter, but you feel the weight of expectations every time somebody new walks through that door.

If I'm not immersed in a consultation, I might be meeting with one of my four older sisters—Grace, Madeline, Mary, and Lisa—talking through a problem that's cropped up with the retail counters they manage on the first floor, or discussing a bookkeeping issue with my mother, Mary.

Somebody might need me to sign off on, say, the design and baking of a cake for 50 people by tomorrow, even though our production schedule is maxed out. Billing issues, vendor screwups, website glitches ... they all come to my door.

We're a family business, and sometimes there are squabbles. When I hear "Mary and Grace are fighting again," I drop whatever I'm doing and hustle downstairs because breaking up those arguments is part of my job too.

My right-hand man, Mauro Castano, who works in the decorating room, is married to my sister Madeline. Joey Faugno, who's married to my sister Grace, is one of our top bakers and a fine decorator. Others have been around our family for years.

In 2004, Stephanie "Sunshine" Fernandez became our first woman cake designer. That's no small thing, because it can get to be like a frat house back there. She and the other designers can make anything out of fondant, modeling chocolate, and gum paste: people, animals, palm trees, cars, boats, footballs—you name it.

Whether we're related by blood or by marriage or not at all, these people are my family. They are also my costars because in 2009, our bakery became the subject of a reality-TV show, *Cake Boss*. The show has made things crazier than ever: A team of producers, directors, camera people, and sound technicians have practically moved in with us. There's an



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overhead camera aimed down at my desk, and my every move and conversation in the bakery is recorded.

When I visit the retail floor, the customers burst into applause, and I pose for pictures. Most days, there's a line out the door. It's been quite a ride.

My only regret: Sometimes things move so quickly, we don't have time to stop and take them in. But at the end of the day, before I change into my street clothes, I like to pause and savor the silence. I look out the window and remember all the things that brought my family and me to this moment.

**My father,** Buddy Sr., died when he was 54 and I was 17. We buried him on a Friday, and on Saturday, we all went to the bakery and worked. We were wrecked, but we poured every ounce of ourselves into keeping the business going, aware that people around Hoboken were whispering that without my father at the helm, there was no way we'd make it. It was tough: We were baking and selling cakes and pastries—happy foods—with tears welling up in our eyes.

My mother, too, went to work that day, but she didn't get anything done. She sat in her bookkeeper's office at the back of the bakery and sobbed. The only person who took it as hard as my mother was Grandma Grace. I can't imagine what it must be like to lose your child. "I'm mad at God," she'd tell us in those days.

I was mad too. Mad at the universe for taking my father away. My anger came out sporadically. I'd hold it together for days on end, then go out

**Outside his Hoboken bakery, Valastro holds up a *Cake Boss* creation.**

TINA RUPP/TLC

and party too hard, showing up for work at ten the next morning, which in a bakery is like showing up after lunch. When that happened, I'd get the silent treatment from my brother-in-law Joey, or if it happened on a weekend, from my uncle Frankie. Finally, one Sunday morning, we had it out.

"You're a disgrace," Uncle Frankie said to me.

"What do you know about what I'm going through!" I yelled. "I lost my father! My best friend!"

"Hey!" Uncle Frankie said. "Your father was like a brother to me. I miss him too. But he would have wanted you to do the right thing!"

He was right. It was like Dad always said: The boss's son had to be a little better than everybody else.

Still, I was a mess—and despite the responsibility that had been heaped on my shoulders, I was a kid. I had tons of energy, raging hormones, and a new driver's license. How better to honor all of that than by going out? Driving down the highway, I'd crank up the stereo to earsplitting levels and screech up to one of my favorite clubs, where the sensory overload was just what the doctor ordered. I spent loads of money on clothes, lavished gifts on a series of girlfriends, and tipped doormen and bartenders as though I were a millionaire.

My mother might have been grief stricken, but she was present enough to notice all this spending. One day I picked up my pay in her office and immediately noticed that there wasn't enough money in the envelope.

"Mama," I said. "There's a mistake. The envelope is light."

"You're not getting all your pay," she told me. "I put some of it in the bank for you."

"Give me my money!" I bellowed.

"No."

I was furious, even though deep down I knew that I would have spent every last cent. I relented, and with her socking it away for me, by the time I was 21, I had enough for a down payment on a house.

I was leading a double life. At night I was a kid, but by day I was a stress case. Everybody knew that my father intended for me to take over the business, but eventually, not when I was barely old enough to drive and still too young to vote. I didn't know anything about leadership. I had never managed anything, not even myself.

Luckily, we had a good team, so the work was getting done. But everybody on the team thought he could run the show, which led to daily dustups. It was up to me to take the reins. Despite being surrounded by people who loved me, it was the first time in my life that I felt afraid to act, and the fear embarrassed me.

I could sense everybody wondering when I was going to rip off my shirt, turn into Superman, and save the day. The stress would come to a head on Friday nights. After doing my part to run the shop all week, I would line up a dozen cakes to decorate. It was tough, but it was something I knew how to do, and decorating provided me with a sense of accomplishment.



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I'd get as lost as I could in the work until, hours later, I'd look down and see that my supply of buttercream was depleted. Stretching my back, I'd glance out the windows and see my friends in the street, on their way from one bar to another. My right arm would be swollen and throbbing as I trudged down the hall, put the cakes in the refrigerator, locked up the bakery, and drove home, feeling years older than my actual age.

Sometimes, after nights like that, I'd feel despair. The truth is that a few times I thought about running my car right off the side of the road. Of course, I never did. Too many people were counting on me, even if they couldn't depend on me yet.

Once I got home, I'd just sit there, in my father's old recliner, finally understanding what he'd had on his mind all those times I'd watched him when I was a little kid—how much there could be to operating a bakery.

**Time worked its magic,** and week by week, we got back on our feet. There was still a leadership void, but the bakery was cranking out what it needed to.

The one problem, from a production standpoint, was the sfogliatelle dough used to make lobster-tail pastries, which were a signature item. I can't tell you how many customers would take one bite and positively swoon with delight at the airiness of the pastry and the richness of the filling. My dad had been the master at pulling that dough; no one else had

## Happy Thanksgiving

**Here's the Cake Boss's recipe for pumpkin pie. Serves 9–10.**

- 1 can (15 ounces) pumpkin purée (I like Libby's Pure Pumpkin)
- ¾ cup granulated sugar
- 1½ teaspoons cornstarch
- ½ teaspoon fine sea salt
- 1 teaspoon ground cinnamon
- ¼ teaspoon ground cloves
- ¼ teaspoon ground ginger
- ¼ teaspoon ground nutmeg
- ¼ teaspoon ground allspice
- ¼ teaspoon ground mace
- 1 teaspoon pure vanilla extract
- 1½ cups whole milk
- 2 extra-large eggs, at room temperature
- 1 unbaked 9-inch piecrust, store-bought or homemade

**1.** Position a rack in center of oven, and preheat oven to 450°F.
**2.** Put pumpkin, sugar, cornstarch, salt, cinnamon, cloves, ginger, nutmeg, allspice, mace, and vanilla in bowl of stand mixer fitted with paddle attachment. Paddle at low-medium speed about 2 minutes.
**3.** With motor running, add milk in 2 parts. Stop motor, scrape sides of bowl with wooden spatula, restart, and paddle for 2 more minutes. Add eggs, and paddle until absorbed, about 2 more minutes.
**4.** Pour mixture into 9-inch piecrust, and bake 15 minutes; lower heat to 375°F. Bake until a finger dabbed onto the surface emerges clean, 30 to 40 minutes.
**5.** Remove pie from oven and let cool for 1 to 2 hours.

**For piecrust and more recipes, go to readersdigest.com/cakeboss.**

the same finesse. Every so often, he'd set aside a good chunk of a day and pull 90 to 120 pounds of it. After refrigerating it overnight, the rest of us would cut the "salami" into discs, open them up, fill them with cream puff dough (which provided crucial support and kept those fragile layers from collapsing), bake them, and freeze them until they were ready to be thawed, piped full of cream, and dusted with powdered sugar.

**The bakery's signature lobster-tail pastry is maddeningly hard to make.**

TINA RUPP/TLC

I finally decided to take matters into my own hands and take a crack at that dough. I made up a huge batch in one of the mixers, ran it through the sheeter to flatten it out, and then went to work on it with a rolling pin until it was about 16 feet long and three feet wide. Periodically, I'd get under the dough, which seemed as big as a tent by then, sticking my fingers up against the surface from below and massaging it out wider and thinner, stretching and pulling until it was just about see-through. That's how thin sfogliatelle dough needs to be.

I couldn't do it. No matter how hard I tried, I'd either rip huge holes or fail to pull it evenly, so the roll would be bunched up on one end or in the center, or too loose. I kept at it, trying batch after batch, until I was huffing and puffing, my T-shirt soaked.

"Damn it!" I yelled.

Everybody looked up but then turned away after seeing how upset I was.

"I'm going home," I said.

More frustrated than I'd ever been, I went home, pulled the covers over my head, and fell into a deep sleep.

Out of the darkness came white, the white of heaven, or a bakery, or both. It was the most vivid dream I'd ever had. I was standing in the basement of our bakeshop, awash in white: the walls, the table, the flour that's always hanging in the air. Suddenly, my father was standing there. We always look like ghosts, we bakers, because we're in cook's whites and aprons, dusted with flour. That's how we looked in my dream. I couldn't tell



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which of us was alive and which was visiting from the hereafter.

I threw my arms around him. "Dad! Wow! I miss you."

He gently removed my arms and fixed me with a serious look.

"Listen," he said. "I am not here to kid around with you. I am here to show you how to pull sfogliatelle one more time."

I nodded, shifting gears.

We moved to the table, wordlessly, the way you sometimes do in dreams.

"Now, watch what I do," he said.

We started working, with me mimicking his every move, just as I'd done in real life. As he massaged the dough, I massaged the dough. As he pulled, I pulled. As he stretched, I stretched. Somewhere along the way, something changed, and instead of him standing there, two of me were there, two Buddy Juniors working in harmony. And then those two Buddys came together, and I was looking at my hands, my father's hands, one and the same. I was alone in the bakery, a perfect roll of dough stretched out before me.

I woke with a shock. I'm not going to lie to you: I was spooked.

On my drive to the bakery, I held the wheel with one hand, and with the other, I squeezed the Saint Anthony medallion I wore.

By the time I got to work, I felt a sense of peace, which led to a sense of excitement. I pushed open the doors of the shop and called out, "C'mon guys, we're going to do this today."

"Do what?" they said in unison.

"The sfogliatelle!"

I started shoveling flour into the mixer and then gallons of water and some salt. I turned it on and let the ingredients come together into a thick wad of sfogliatelle dough. It takes a good 15 minutes for that to happen, and it seemed like the longest 15 minutes of my life. People were stealing glances at one another. I could read their thoughts: Buddy's lost it.

Finally, the dough was ready. I sent it back and forth through the sheeter, narrowing the settings on each pass. Then I went to work on it with a confidence that had eluded me on previous attempts. At first, I felt disconnected from my fingers, just watching them dance under that dough, and then I felt disconnected from the entire room, as though I were watching myself from above, as I knew my father surely was.

When it was all over, I couldn't believe how depleted I was. I looked down at the table, at the perfect roll of dough. That's right, I thought. Now you know who the boss is!

Normally, the dough is refrigerated overnight, but I didn't want to wait. We cut it right then, pushed it into little cones, stuffed them with the cream puff dough, and baked them. I waited for the verdict, but I didn't need to. I knew they'd come out right. And sure enough, when they emerged from the oven, they looked light enough to float away. The room burst into applause. I had my mojo back, and so did the bakery. Things were looking up.

*CAKE BOSS: STORIES AND RECIPES FROM MIA FAMIGLIA* BY BUDDY VALASTRO, COPYRIGHT © 2010 BY DISCOVERY LICENSING, INC., PUBLISHED AT $25.99 BY FREE PRESS, A DIVISION OF SIMON & SCHUSTER, INC., 1230 AVE. OF THE AMERICAS, NEW YORK, NEW YORK 10020

# BUYERS' REVENGE

**Have a beef with some faceless corporation? Don't get mad—get creative.**

By Sam Boykin and Michelle Crouch

PHOTOGRAPHED BY LORI STOLL

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**Following a nasty run-in with Volvo, Petra Wennberg Cesario called on her alter ego: Freya Svensson, Swedish goddess!**

***"Call your congressperson." "Write the company president." "Start a petition." All fine suggestions if some business has given you the shaft. But, fueled by high-octane righteous indignation, these men and women took a far more unorthodox approach when it came to ...***

## CAR DEALERS WHO WON'T PAY FOR WARRANTY REPAIRS

Most car dealers hate doing repairs covered by your warranty. To avoid picking up the tab, some dealer repair shops are not above trickery, says Clarence Ditlow, executive director of the Center for Auto Safety. First, they may try to blame you, because problems resulting from wear and tear usually aren't covered. If a particular vehicle model has a history of defective rear axles, for example, the dealer may still insist you hit a pothole. Another ploy: the old run-the-clock-out ruse. Every time you take your warranty-protected vehicle to the shop, the mechanic says he can't find anything wrong, so of course he can't fix it. Then, after your warranty expires—whaddaya know?—the mechanic miraculously identifies the problem. And by the way, that'll be $1,800.

***The usual advice:*** Save repair records, Ditlow says. Some states require manufacturers to fix at no charge any defect that occurs after the warranty lapses if the problem first showed up during the warranty period. If your car is not under warranty when something breaks, don't assume you are out of luck; automakers sometimes have case-by-case repair policies that cover problem items even after your contract expires, especially if you make a fuss.

***Still can't get satisfaction?*** Try this: Petra Wennberg Cesario's Volvo was covered by a Volvo-sponsored extended service contract when the transmission failed a few years ago, after just over 60,000 miles. The local dealership in Pasadena, California, replaced the faulty transmission at no charge, but the car continued to slam into gear, rev, and lurch. Wennberg Cesario complained and took her car in for further repairs, but the dealership, Rusnak Volvo, was never able to duplicate the problem.



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Three years later, Wennberg Cesario's service contract expired. "The dealership recommended I replace the transmission again," she says, "but this time, I would have to pay $3,700. That was not acceptable." She contacted the office of the president of Volvo North America. She was told that was Volvo's best offer.

Wennberg Cesario, a 41-year-old mother of two, did the next logical thing as far as she was concerned. Harking back to her Nordic roots, she created a sword-brandishing, Viking-hat-wearing Swedish goddess named Freya Svensson.

In a series of tongue-in-cheek video blogs on her website rusmackedvolvo.com, "Freya" lashed out at the car dealer. In one, she plucks a guitar while warbling in Swedish (with English subtitles), "O Volvo and Rusnak-aaaaaaaak/You gave me a broken transmission-ooooo-n/Now the love we once shared/is fading in the past."

***The outcome:*** Within ten days, more than 20,000 people viewed the video, including a Volvo executive who called Cesario and told her the company was "committed to getting to the bottom of the problem."

After examining the car in December and finding multiple problems, Volvo agreed to cover repairs worth nearly $9,000.

"This was not about some vendetta," Cesario insists. "I was just documenting the fact that I wasn't being treated right. I never dreamed it would become this big, but it feels good to be a voice for the little guy."

## THE CARELESS COMPUTER CLICK THAT KEEPS ON COSTING

Maybe you click a box offering a big discount on your online purchase. Or maybe, in a moment of weakness, you sign up for a "free" video. Boom. Next thing you know, you're getting charged every month for a product or service you never wanted.

Welcome to data passing.

Even after you notice the fee on your credit card or bank statement (you do scour them each month, don't you?) and try to cancel the deal, it can be frustratingly difficult to opt out. The Federal Trade Commission (FTC) requires companies to make the terms of such offers "clear and conspicuous," but by 2009, over 35 million consumers had been snared by data pass offers.

***The usual advice:*** If you spot an unauthorized charge on your credit card or bank statement, notify the card issuer, then ask the merchant for your money back. If that doesn't work, tell your card issuer to fight the charge and then file a complaint at ftc.gov or by calling 877-FTC-HELP.

***Still can't get satisfaction?*** Try this: As Dave Clarke was finalizing his purchase online at 1-800-Flowers, he clicked on a link offering a discount on his purchase. And unbeknownst to him, he inadvertently became a "member" of TLG Livwell, a partnership between 1-800-Flowers and Trilegiant (TLG) that offers deals on

Dave Clarke's Twitter rants about a marketing ploy on 1-800-Flowers got the company's attention.

1-800-Flowers brands and others. According to the two companies, Clarke shouldn't have been surprised—the terms of the membership offer were disclosed in a new window when he clicked on that discount offer button. He even had to supply information to agree to membership.

But surprised he was. And a year went by before a blissfully ignorant Clarke, 27, noticed something on his credit card statement one afternoon: TLG had charged him $11.99. In fact, TLG had been siphoning off $11.99 every month since he'd pursued that discount offer, and now he was out $155.87.

"I'm pretty tech-savvy," says Clarke, a New York City Internet consultant. "I'm on the Web all day—it's what I do—and I still got tricked into this." He's not alone. TLG has been sued multiple times and has been the target of thousands of consumer complaints.

Clarke spent the rest of the day caught in a hellish black hole of customer-service phone trees, getting bounced between TLG and 1-800-Flowers. The best TLG would do was reimburse him for two months' worth of charges: $23.98. "That really didn't cut it for me," Clarke says.

Clarke vented his frustrations on Twitter; he outlined what happened to him and warned people about the 1-800-Flowers checkout problem. He immediately heard from others who said they had been ripped off. Moreover, many "retweeted" his message, spreading Clarke's online rant exponentially.

***The outcome:*** Within hours, a 1-800-Flowers customer-service representative responded to Clarke's tweet, asking how he could help. Clarke laid out his case, and the company arranged for TLG to refund all his money. Better yet, 1-800-Flowers



PHOTOGRAPHED BY BILL CRAMER/WONDERFUL MACHINE

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no longer offers the program online.

"It's social-media activism at its best," Clarke says.

## ROTTEN AIRLINE CUSTOMER SERVICE

They lose and damage our luggage, trap us in grounded planes for hours, and bump us off flights we bought tickets for months ago. Then, when we call to get our problems resolved, we spend fruitless hours on the phone only to hear that the airline can't control the weather, can't control mechanical problems, can't control what the person we just talked to told us—and, of course, can't compensate us for those things it can't control.

***The usual advice:*** If you're still in the airport or on the plane when a problem arises, find an employee who has the authority to take care of your issue, and make sure you write down the names of everyone you deal with. If that doesn't work, a brief letter via registered mail to the airline—with any relevant documentation—offers the best chance for redress. And don't forget to file a complaint at airconsumer.dot.gov, the federal agency that tracks airline service issues.

***Still can't get satisfaction?*** Try this: Dave Carroll was waiting to disembark from a United Airlines flight in Chicago when he heard another passenger say something about what was happening out on the tarmac: "Oh, my God, they're throwing guitars!" One of those guitars was the

## NOW, HERE'S HOW TO WRITE A COMPLAINT LETTER

If you're not the Viking-helmet-wearing type, take a page from Mark Twain. In 1905, the author penned this ire-filled missive to J. H. Todd after the salesman pitched him some bogus medicine via a letter and brochure. The Elixir of Life was said to cure meningitis and diphtheria, ailments that killed Twain's daughter and son.

***Dear Sir,*** Your letter is an insoluble puzzle to me. The handwriting is good & exhibits considerable character, yet the letter & the accompanying advertisements profess to be the work of the same hand. The person who wrote the advertisements is without doubt the most ignorant person now alive on the planet; also without doubt he is an idiot, an idiot of the 33rd degree, & scion of an ancestral procession of idiots stretching back to the missing link. It puzzles me to make out how the same hand could have constructed your letter & your advertisements. Puzzles fret me, puzzles annoy me, puzzles exasperate me; & always, for a moment, they arouse in me an unkind state of mind toward the person who has puzzled me. A few moments from now my resentment will have faded & passed & I shall probably even be praying for you; but while there is yet time I hasten to wish that you may take a dose of your own poison by mistake, & enter swiftly into the damnation which you & all other patent medicine assassins have so remorselessly earned. Adieu, adieu, adieu!

***Mark Twain***

Canadian musician's beloved $3,500 Taylor 710 acoustic/electric, which suffered a broken base. When he contacted United requesting compensation, he was shunted from one person to another, each one claiming another party was responsible. After nine futile months, the airline told him it wasn't responsible for the damage. And soon all contact ended.

It was not the end as far as Carroll was concerned. Knowing that conflict is at the core of all good theater, he filmed a music video called "United Breaks Guitars." Over images of actors portraying clumsy baggage handlers, a busted guitar on the tarmac surrounded by a crime-scene chalk outline, and a tearful wake for the dearly departed Taylor 710, Carroll sang "You broke it, you should fix it/You're liable, just admit it/I should've flown with someone else/Or gone by car/'Cause United breaks guitars."

Within days, over a million people had viewed the video on YouTube, and the story caught fire with the media. "It was bizarre watching Wolf Blitzer on CNN talk about my video between stories of Barack Obama and the Pope," says Carroll.

***The outcome:*** United Airlines changed its tune after Carroll's video went viral. While it refused to apologize or take responsibility, the airline did offer $1,200 in cash and $1,200 in flight vouchers. Carroll turned them down. "I said, 'Talk of compensation ended when you closed the door on me.'" The incident has given Carroll's musical career a boost. Best of all, Taylor Guitars invited him to its California plant and handed him two brand-new guitars. Says Carroll, "It pays to stand up for yourself."

## UNWANTED ROBOCALLS

The phone rings just as you sit down for dinner. Or maybe you don't recognize the number, so you pick up. "This is a limited-time offer. Your car warranty is about to expire!"

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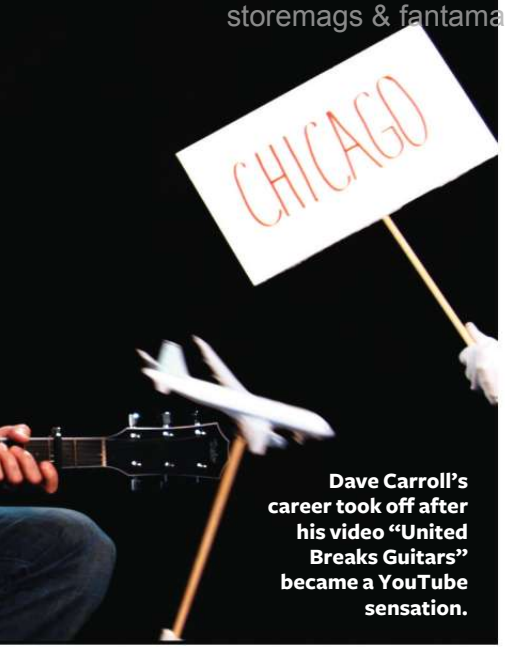


**Dave Carroll's career took off after his video "United Breaks Guitars" became a YouTube sensation.**

Argh—another robocall. Extended-warranty companies are some of the worst offenders, with one company purportedly calling more than a million numbers—in one day. The good news? After over 700,000 people complained about prerecorded marketing pitches last year, the FTC banned most robocalls (unless the company has your permission in writing to make them—fat chance). The law allows a few exceptions: charitable organizations, surveys, and, unfortunately, politicians. Companies can still have a human being make the pitch, unless you're on the national do-not-call registry.

***The usual advice:*** If you receive an illegal robocall, stay on the line and note the company's name and the number it's calling from, says FTC spokesman Mitch Katz. Then file a complaint at 877-FTC-HELP or donotcall.gov. The FTC can fine companies as much as $16,000 for just one illegal call.

***Still can't get satisfaction?*** Try this: Pushed over the edge by one telemarketing call too many, a justice-seeking vigilante decided to get even with his auto-calling tormentors in 2009. Auto One Warranty Specialists was the target of our hero's righteous ire. The still-unidentified citizen was being bombarded by unsolicited robocalls from the Irvine, California, company, which was trying to sell him an extended auto warranty.

Rather than slam the phone down, he stayed on the line long enough to jot down the company's phone number. He then posted it on the social news website reddit.com, urging fellow frustrated call recipients to give the company a dose of its own medicine. Soon disgruntled customers and Internet crusaders were flooding the company's phone lines with junk calls, elevator music, angry rants, and even Rick Astley's cringe-inducing 1987 hit song "Never Gonna Give You Up."

***The outcome:*** The deluge of calls overloaded Auto One's phone lines. Even the Missouri attorney general jumped in. Last December, he sued Auto One's parent company, Credexx Corporation, accusing it of robocalling people on the state's do-not-call list. The company agreed to pay a $75,000 fine to settle the suit.

Lesson learned: When it comes to fighting back, don't go it alone. ■

# Memory Is Overrated

After a lifetime of memory lapses, **Cathleen Schine** is happy her friends are finally catching up with her. What were their names again?

FROM *MORE*

**Ever since** I hit 50, everyone I know has begun to complain about word retrieval. My friends have started doing crossword puzzles and sudoku. For them, forgetfulness is an alarming shift from clarity and eloquence to halting vagaries. But for me, nothing has changed. I have always lived in this land where everyone looks familiar but no one has a name.

I have no memory. I don't mean I suffer from dementia. I mean that from a very early age, I have lived in a vague, timeless valley ringed by towering mountains of what I have forgotten: monumental events and facts of my own life; friends' faces; delightful lyrics; eminent names and intimate names too; dates both historical and personal; engaging plots; brilliant performances on stage, screen, and street corners; and whole songbooks of lovely, lost melodies. In the quiet, obscure landscape of my memory there are, of course, occasional intense, random details I vividly remember, which means my life is rich and full of surprises. And as my friends have begun to catch up, this forgetful life has become less lonely.

"That book ... the one about ... you know ...," I say.

"By what's his name?" Sarah says.

"No, the other one," Molly says.

"Oh, that book!" Sarah cries.

"That one, yes. That one!" I say.

"By her!" Molly says.

This conversation took place in a publisher's office a year or so ago: a writer, an editor, and an agent, all of us the same age, all of us nodding vigorous encouragement to the others, as if we were hunting dogs, huge-pawed puppies in the woods of



ILLUSTRATED BY MARCOS CHIN

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middle-aged memory just learning to retrieve dead ducks, gingerly, in our big slobbery jaws. Scientists call this inability to recall a name TOT, or tip-of-the-tongue phenomenon. It has something to do with the anterior cingulate and prefrontal cortices. I'm sure there are scientific names for the memory challenges I live with, though few, I suspect, with such a jolly, colloquial ring as TOT.

A few years ago, I visited my high school boyfriend and his wife at their house. It was the first time I had seen him in years. He put on a blues CD.

"This is great," I said. "Who is it?"

He stared at me, clearly appalled. "Son House," he said, coaxingly. "You introduced me to his music."

Later that day, I remarked that it was odd that I had barely heard of the Grateful Dead, much less listened to their music, until one of my children made a joke about Deadheads.

Again, the dismayed look. Then, "You and I went to hear them in concert at the Fillmore East."

I know what you're thinking: It was the 1960s—those were the days—but no, sorry, not a druggy thing. A memory thing. Son House and the Grateful Dead just ... slipped my mind. I like that expression. Things do seem to just slip from memory, lightly, unceremoniously, like socks dropping to the floor, unnoticed, when you transfer the laundry from the hamper to the washing machine.

A poor memory is in my blood, for I come from good, solid, forgetful stock. My mother, in particular, has a flair for absentmindedness, a complementary condition that has about it a pleasant, professorial air. My mother is my role model in this as in so many things, but when I'm honest with myself, I admit that I will never be able to even approximate her style, her talent, her ... well, let's just say it: her genius. My mother has written condolence letters for people still alive. She once parked the car four blocks from her house and, when she went to get it the next day, discovered it wasn't there. She notified the police. They searched for the stolen car for months. One afternoon, my mother was walking down Park Avenue and saw a blue Buick. Why, look at that, someone has a car that looks just like my old boat, she thought. My, my, look at all those parking tickets. There must be a hundred! There *were* a hundred—over three months' worth. She had parked the car at 89th Street, not at 91st Street. She had actually *misplaced* her enormous old baby blue Buick. But her finest hour, her magnum opus, the work she would always be remembered for in the an-

A poor memory is in my blood, for I come from good, solid, forgetful stock.



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nals of absentminded history—if the absentminded had annals and could remember what was in them—would be the day of my cousin's high school graduation. My aunt Lois had a party at her house in Massachusetts, and we drove up to be there. My mother, who was answering the door, held out her hand to one woman and said helpfully, "Hi! I'm my sister, Lois!"

No one can compete with an artist of that stature. I have spent many years, however, in my admittedly inferior apprenticeship. There are the mundane forays into forgetfulness, like arriving at the airport the day before (or after) my plane leaves.

And then there are the hideous moments of mortification. For many years, it pained and humiliated me to make three lunch dates with three people on the same day; or to mistake the person sitting next to me at a dinner party for his famously despised rival; or—worst of all possible faux pas, one so heinous, it still makes me cringe—to greet a very old friend by the name of her sister who had recently committed suicide.

Over the years, however, I have come to think memory is overrated. To all of you fiftysomethings joining the ranks of the TOTsters, I want to say: There are advantages. For one thing, I can reread my favorite books without ever being sure what will happen next. And without a memory, one is forced to develop so many skills. You must be wily to hide your ignorance. (For you are very, very ignorant; how could you not be? You can't remember anything you've read or even seen on TV.) You must be charming to hide your rudeness. (For you are very, very rude; how could you not be? You cannot remember that you have met people, conversed with them, and listened to their intimate confessions.) You must be alert and discreet in order to avoid all these pitfalls, and you must be creative to find a way out when you do, inevitably, fall in the pit. It is exhausting to go through life with a terrible memory. But then, it is exhausting to go through life with an excellent memory.

"Mnemosyne, one must admit, has shown herself to be a very careless girl," Vladimir Nabokov wrote in *Speak, Memory*, his autobiography. How delightful to think of memory as a careless girl, an insouciant Greek maiden with long flowing locks and sparkling eyes, rather than a rusty machine of dulled grinding wheels that must be fed a constant diet of Japanese number puzzles. Mnemosyne was a titaness in Greek mythology who slept with Zeus for nine nights in a row. "Evening loosened her hair, after the god had removed his coat," Hölderlin wrote in a poem called "Mnemosyne." Nine Muses resulted. Mnemosyne was careless, indeed. You might say she forgot herself. With all of Western art as the result.

A lovely, reassuring notion, a balm for the forgetful. Just don't ask me about it tomorrow.

Cathleen Schine's most recent novel is *The Three Weissmanns of Westport*.

# Things That Go BUMP IN



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# THE NIGHT

**BY CORINNE MAY BOTZ** FROM *HAUNTED HOUSES*

Ghosts may or may not exist, but there's no denying that ghost stories do. If houses and churches across the United States aren't haunted by apparitions of the dead, they are certainly haunted by rumors. Real or not, these three stories are seasonally spooky either way.

CORINNE MAY BOTZ

## Farnsworth House Inn

### Gettysburg, Pennsylvania

**BOB, a storyteller who runs the inn's ghost tours**

**I was telling stories** down in the cellar to about 30 people. About halfway through the show, I saw a black vaporous blob come down from the stairs area in the rear of the theater, and it just hovered there for a few moments and then advanced toward the front of the theater. As it came forward, people actually "slinched" away. The temperature dropped so much that a gentleman's breath was vaporizing. The entity came straight at me and shot up through the floorboards of the house. Afterward I was a little concerned about who it was, but at the time it was more like: Am I seeing what I'm seeing? It was more curiosity. It shook people up, and several left the theater directly after this happened.

The house has had a stressful history. The energy, care, and love the current owners have put into the house over the past 30-some years does not erase the bad history. Before the Civil War, a little boy, Jeremy, died in there, and his father, William, pretty much lost his mind over it. He had a breakdown and never recovered. William's residual energy is in the house, and Jeremy is an entity that interacts with people. He's an innocent spirit. There's a little girl by the name of Sissy who died of a lung ailment, and a lot of sadness comes with her. There is also the energy of an owner that you don't want to encounter. The Farnsworth reputation for being haunted is deserved. The house has a strange energy, as far as the "permanent" residents are concerned. It feels like the house is alive.

## La Casa de Estudillo

### Old Town San Diego State Historic Park, California

**KATHRYN, a park employee for five years**

**People think** there are one or two ghosts at La Casa de Estudillo, but the entire family lives there. There are at least 21 ghosts, and there are spirits from other buildings at the park that come over to visit. The Estudillos are happy people; they are very loving, and they like to joke. Before I had an encounter there, I could feel them watching me. I was new, and they weren't accustomed to me being in their house. So when I started opening the place up, I said, "*Buenos días, las familias de Estudillo.*" And at night, I said, "*Buenas noches.*" They finally started answering me.

I was standing at my station looking into the garden courtyard at the fountain in the center. All of a sudden, I noticed movement. I shifted my eyes, and there she was. She walked very rapidly across the garden. At first



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Believers see a ghost by the bedpost at La Casa de Estudillo, in San Diego.

CORINNE MAY BOTZ; COURTESY CALIFORNIA STATE PARKS, 2010

**"There are at least 21 ghosts here."**

I thought it was a new aide I hadn't met yet because she was in period attire, of course. But then she walked straight through the fountain and through a wall. That woman was as clear as day. She had on a big flowing skirt; the bottom of the dress was a gray-and-black-and-white plaid. The bodice was black with a white collar. I remember seeing the glare of the sun on a brooch at her neck, and she had a big bun at the back of her head. I found out later it was Maria Estudillo.

There's an image in your photograph. It's just to the left of the window slightly behind the bedpost.

You can see the edge of a woman's broad-brimmed hat and a breast, and I believe you can actually see part of her right cheek. It's a very interesting photograph in that you actually caught a spirit, and you were totally unaware of it.

## The Church of St. Barnabas

### Irvington-on-Hudson, New York

**CHARLES, rector for 36 years**

**I never believed** in ghosts until I came here. At St. Barnabas, they are all over the place, and a lot of people have experienced them. My framework for understanding this is a phrase we use in our worship: "I believe in the Communion of saints." This means that there is a fine line between heaven and earth, that those who have died are really very close to us, and we're all part of the same fellowship or Communion. We're all interconnected. Heaven breaks into this realm all the time: Why should we be surprised when somebody appears? I have had people appear to me, loved ones who have done things to let me know that they're here. They've touched me on the shoulder, they've come at a specific time, and my wife, Judy, has actually had people appear in front of her. A couple of winters ago, she was watching TV late at night in the kitchen, and a woman's head appeared next to the television set. It looked like Mrs. Benjamin, the second rector's wife, with a bun on the back of her head. They lived in the house for 40 years. She stared at my wife as if to say, "Why are you up so late?" And then she just faded, and Judy went to bed.

My daughter was very young, and she had her own bedroom upstairs in the rectory. She would wake up in the middle of the night repeatedly and come tell us, "There's a woman sitting in the rocking chair. She's wearing an old-fashioned dress, her hair is in a bun, and she's knitting. She keeps looking at me. Why does she do that?" We said, "Go back to sleep; it's just a dream." We didn't take it seriously until six years later, when my daughter was thumbing through a book about the history of the rectory and came across a picture of Mrs. Benjamin in an old-fashioned dress and with a bun. She exclaimed, "That's the woman I was trying to tell you about!" People wonder why she would come back, and there are lots of theories—like people are stuck and they can't move on. I think that's utter nonsense. I think that for whatever reason, they drop in for a visit.

An elderly woman told me the following story just before she died: She had been a schoolteacher and very scientific-minded, not prone to believing in things like ghosts. She told me that she saw Dr. Benjamin in the sanctuary of the church. She looked up, and Dr. Benjamin was standing there looking at her. He stared at her for a long time, and then he turned



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# "Suddenly this hand was pressing on my shoulder."

and walked through the wall. It was especially meaningful coming from her because she wasn't prone to telling tall tales. Other people have experienced ghosts when they're going upstairs; they feel like someone has brushed past them. We had a new organ put in five years ago. The builders were working on it, and there was a big thundershower. It became very dark in the church, and then a bolt of lightning lit up the church, and one of the workmen saw this man standing in front of him. He was freaked out! He said the man just stood there, and then the lightning disappeared, and the man disappeared.

Two years ago in the rectory, the hot water faucet in the downstairs bathroom would suddenly go on full steam. We would turn it off, and it would be fine for weeks. It never happened when we were away; it always happened when we were around and could hear it. One time I was standing just around the corner from the bathroom door, in the dining room, and it went on. I thought, This has got to stop. So I said to the ghost, "Look, it's fine that you're here, but you've got to stop this and stop it now. We're not allowing this in this house. It's too freaky, and it's scary. You're not in charge of the faucets, so just stay away from them. Thank you, goodbye." It happened once more, and this time, I said, "This has to stop now! I'm telling you, it's not to happen again." It didn't happen anymore.

I remember sitting in the kitchen one night, and we were talking politics. Suddenly this hand—not like a muscle twitch—was really pressing on my shoulder. I knew it was my mother-in-law because she would have agreed with me. [*Laughing*] Her presence appears quite often in my own story because she was very important in my life, and I loved her dearly. Some 50 percent of people are experienced by their loved ones after they die, in a dream or by something coincidentally falling down, like a picture that would identify the deceased, or they see them when they're wide-awake. I don't know how you scientifically deal with that. I'm sure there are ways of saying that it was a bad dream or a projection, but it happens. There's a fine line between the next world and this. It's all one reality, and we can't divide it up; reality is reality. We know a little bit from Einstein about time, relativity, and space, and that one interacts with the other. Time is a human construct anyway. Who says there's a great division between past, present, and future? Who says that we can't visit those places in the so-called past? Now is all we have.

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# WALKING PROUD

## Doctors said he would be paralyzed for life. But this veteran of the Vietnam and Gulf wars proved them wrong.

**BY GENERAL HUGH SHELTON**
WITH RONALD LEVINSON AND MALCOLM MCCONNELL
FROM *WITHOUT HESITATION*

**MARCH 23, 2002, Fairfax, Virginia**

**8:33 a.m.** In war I had been poisoned, ambushed, and chased by a Bengal tiger, so the last scenario I imagined for my death was falling off a ladder in my own backyard. I was simply trimming branches off a tree ... and the next moment, I was on the ground, paralyzed, starting to lose consciousness.

I knew that if my breath did not return quickly, my brain cells would start to die. In another four minutes I'd be dead. But despite almost superhuman attempts to will my lungs to work, I was suffocating just as surely as if I'd been underwater.

Only three hours earlier, I had taken a five-mile run. I had recently turned 60, and as I ran, I thought, If this is what 60 feels like, I have no clue what everyone's bitching about. Other than a few aches from more than 450 parachute jumps, I felt as healthy as I did at 40, and

General Hugh Shelton served as chairman of the Joint Chiefs of Staff under Presidents Bill Clinton and George H. W. Bush. He now runs his own leadership center and is director of the Hugh and Carolyn Shelton Foundation, focusing on neurotrauma.

ILLUSTRATED BY JON KRAUSE

I was elated with my new speaking engagements and gig as a consultant for NBC News. I was blessed.

After my run, I showered, sat down with a cup of coffee, and scanned the *Washington Post*. Then I looked out the window at the 100-year-old oak tree I had trimmed the prior weekend and took pride in how much better it looked. Getting out there to finish a couple of smaller trees would be a great start to my weekend.

I grabbed my chain saw and ran the extension cord from the back of my house, then propped my ladder against the tree and climbed up. The saw sliced through the three-inch limb like a warm knife through butter, but instead of falling to the side, the dead branch dropped straight down onto the ladder, which twisted away from the tree and left me on a collision course toward the four-foot chain-link fence. I tossed the saw out of harm's way and snapped my ankles together to avoid being impaled between the legs by the fence. It would have been a decent plan had my toes not caught the top of the fence, causing me to jackknife upside down and slam headfirst into the ground.

As I fought for air I thought, What a way to go.

I closed my eyes and left it in God's good hands.

Suddenly, God intervened. My lungs ballooned to life, and I gasped for air. I was still not able to move anything else, but I could not have been more grateful.

There was no doubt in my mind that I had injured my spine. I knew that I'd need medical attention fast.

But my wife, Carolyn, was inside with the windows closed. "Help," I tried to call. I could muster little more than a whisper. I waited about five minutes to regain my strength to call again, somewhat louder: "Help." I tried again and again every five minutes or so. But it appeared that Fairfax had become a ghost town.

I rolled my eyes toward the doctor who had given the grim prognosis. "Your name isn't God, is it?" I asked.

**9:25 a.m.** After almost an hour, a neighbor stepped onto her porch for a smoke. "Who's calling?" she asked, looking around.

"I'm here by this tree." She climbed the fence and ran to me.

"I need you to get my wife. Tell her I'm badly injured and need her to call 911," I said. An instant later, Carolyn was beside me, phone in hand. She knew better than to try to move me.

**9:45 a.m.** The ambulance raced to Inova Fairfax Hospital, which had recently been rated the best in northern Virginia. Strapped to a backboard, a cervical collar restricting my vision to the pale taupe of the ambulance ceiling, I felt no pain. "Probable spinal injury," the EMT stated as he handed



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**Shelton's 2001 retirement ceremony, with Secretary of Defense Donald Rumsfeld.**

me off to the doctors. In my mind, there was nothing probable about it.

**11:15 a.m.** Carolyn remained at my side until I was taken for an MRI, at which time she called Hal Timboe, a former neighbor who had been promoted to major general and assumed command of Walter Reed Army Medical Center. She also called our son Jon; his wife, Anne, was dropping him off at the airport for a Secret Service assignment. "I'll be right over," Jon said, ready to drop everything.

"Dad's in good hands, so go ahead with your trip and call for an update when you land," Carolyn said, reassuringly, unaware of how dire the situation was about to become.

I was still strapped down flat on my back but was able to make out half a dozen doctors poring over my MRI. Their grim demeanor did little to bolster my confidence, nor did the words I was about to hear from one of them.

"General, I am going to put it to you straight. You are never going to walk again, and it is highly doubtful that you will regain any use of your hands. My hope is that sometime down the road—way down the road—you might be able to move your fingers enough to operate the toggles on an electric wheelchair, but we can't even guarantee that."

I rolled my eyes in the direction of the voice that had just given me the grim prognosis. "Your name isn't God, is it?" I asked.

"No, sir, it's not," the doctor said.

"Then we'll see about that," I

snapped. I've often found that when somebody tells me I can't do something, I'll fight that much harder to prove him wrong.

### Walter Reed Army Medical Center

**2:33 p.m.** Carolyn and Hal Timboe had snapped into action; they'd had me rushed by helicopter to Walter Reed's Trauma Center. I was surrounded by medical professionals checking my vitals when in walked Colonel James Ecklund, the head neurosurgeon, and Colonel David Polly, the head orthopedic surgeon. "What the hell did you two fly over in?" I asked, perplexed that they'd arrived nearly as quickly as I had.

"I would tell you, but then I'd have to kill you," Dr. Polly deadpanned.

"The goal is for you not to," I shot back, as they stepped aside to confer with the others.

Soon Carolyn also arrived, along with Anne and three of my grandchildren.

Then Dr. Ecklund approached with my MRI and a medical model of the spine. "The good news is there is no fracture to your spinal column or neck bones. But you have a substantial buildup of calcium deposits throughout the cervical spine and a cervical stenosis—a narrowing of the passageway through which the spinal cord runs—both most likely caused by repeated prior trauma."

"Hundreds of parachute jumps might have something to do with that," Carolyn volunteered.

"We see it a lot in paratroopers, and it predisposes you to further injury," Dr. Ecklund said. "You have what we call central cord syndrome, an acute cervical spinal cord injury that's usually caused by a traumatic hyperextension. When you hit the ground, your head snapped way back and hyperextended the spine—kind of like a whiplash, only much worse.

"The impact compressed the outer part of your vertebral arch—what we call the laminae—against the spinal cord itself, and that's where the paralysis comes in."

"So the question is, how do you go about repairing it," I said, not even considering the possibility that the earlier doctor's prognosis was correct.

"Eventually, surgery," he said. "But it all depends on how many cells have already died. Once they're gone, they can't be brought back. What we can—and will—do is create the optimum environment for healing."

In my mind there was far more significance in what he didn't say than what he did. He never said I couldn't walk again or, for that matter, make a total recovery—so, from my perspective, he left the door open. My next request would be to a higher power, and all I asked from Him was that He please give me something to work with—anything—and if He did that, I pledged to give 200 percent to overcome the barriers.

### Walter Reed Intensive Care Unit

**7:15 p.m.** "I want to introduce you to Major Geoff Ling. He just returned from a fellowship in neurocritical



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care at Johns Hopkins," Dr. Ecklund said, indicating Dr. Ling in the group of physicians and interns that appeared to have become his entourage.

"You'll forgive me if I don't shake your hand," I said to the young neurologist. He smiled, totally in sync with my dry wit; several others just looked at me in horror.

"We brought Geoff in to discuss an experimental procedure," Dr. Polly said. "It is extremely risky but worth consideration—quick consideration—as it's a now-or-never kind of thing."

"Research on animals shows a great deal of potential," Dr. Ling began, and I could almost hear Carolyn take a big gulp as she debated whether I should add "guinea pig" to my bio. Dr. Ling presented us with a more specialized perspective on the physiology of spinal cord injuries, expanding upon Dr. Ecklund's comments about the impossibility of bringing dead cells back to life.

My MRI revealed that I was precariously close to crossing that threshold. That explained the mad rush to transport me to Walter Reed. Dr. Ling took us through the new procedure, which involved boosting the blood pressure to a dangerously high level within the first few hours after the trauma. The idea was to force elevated concentrations of oxygen into the damaged cells, potentially forestalling cellular death and allowing for eventual regrowth. There would be no immediate indication of success or failure, but the procedure offered a slim chance that some feeling and movement might eventually be restored.

"Let's hear the fun part," I said.

"The procedure involves keeping the blood pressure elevated for six to seven hours," Dr. Ling said. "And we're talking off-the-charts levels to have any chance of forcing enough oxygen into those cells. The risk of massive stroke or heart attack is very real."

I'd never had any heart-related problems and believed my fitness had contributed to a healthy cardio system. Still, it was clear there was a huge possibility that I'd die on the table.

> When I told my physical therapist we'd given it our best shot, he replied, "Not yet, you haven't."

"Why don't you take some time to discuss it with Mrs. Shelton?" Dr. Ling said. "Take all the time you need. I'll be back in 30 seconds." He gave me a slight smile and stepped away.

Carolyn left the decision entirely up to me, offering her complete support, as always.

"The game favors the bold; let's do it," I told her.

"I knew you would say that," she said calmly, as if we'd just decided to repaint the living room. Although I couldn't feel it, she had been squeezing my hand the entire time.

**8:00 p.m.** My skin felt like it was on fire as the intravenous phenylephrine entered my bloodstream. At least four doctors were present during the entire process, monitoring my vitals. While I was grateful for their attentiveness, I couldn't help feeling they were just waiting for that stroke or heart attack to kick in. That thought probably elevated my blood pressure as much as the meds.

After being warned that the extreme danger zone would extend into the next two to three days, I actually drifted off for a few hours.

The last thing I remember before losing consciousness was frantic cries of "Code Blue."

**March 24, 7:45 a.m.** An M-1 Abrams tank weighs almost 70 tons, and I could not have been straining any harder had I been attempting to single-handedly move one. But it wasn't an M-1 that I was exerting so much effort to budge; it was my right little toe—and it remained unyielding.

"Try the left one," Dr. Ecklund prompted, as beads of sweat ran off my forehead. Nothing. More doctors, more requests: "Try pressing your knee against my hand" and "Focus on your index finger—c'mon, you can move it." But I couldn't. Nor could I brush my teeth, eat unassisted, shave, or use the bathroom.

"You'll do it," Carolyn would say; not a psych-up—just a fact she believed with all her heart.

"If anybody can, it's you," Anne would chime in.

The following day, the hospital issued its first press statement, describing the fall and stating that I was "in serious condition but resting comfortably." That night, Dr. Ecklund happened to be at my bedside when my picture popped onto the TV screen. It was a CNN report in which Bill Hemmer was discussing my condition with CNN medical specialist Dr. Sanjay Gupta. While they both extended good wishes, I was not at all comfortable with their conjectures. Dr. Gupta said that while the fall most likely caused swelling around the spinal column, when the swelling went down, most likely I'd be able to walk and resume normal living activities.

I didn't know whose case file he was reading, but at that moment, I was just praying that the day would come when I could click the "off" button on the remote.

**March 29, 7:18 a.m.** In Vietnam I had to deal with deadly fire, poison Punji stick booby traps, and a sadistic sergeant who tracked enemy kills by slicing off their ears and collecting them in a pickle jar.

At Walter Reed, I was faced with Captain Zack Solomon. He looked like a normal guy, a triathlete with a beautiful wife and adorable kids.



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He showed up around my fifth day in the hospital, introduced himself as my physical therapist, and said it was time for me to stand up.

It was not a question. Solomon was demanding, unyielding, and, I would soon find out, deeply inspirational.

Needless to say, I was not able to magically stand, but that day was the beginning of a tight relationship. He pushed me, and when I still couldn't budge a muscle, he pushed even harder. Sweat rolled down my face as I struggled without success.

When I told him we'd given it our best shot, he responded with a sly smile, "Not yet, you haven't."

This was my kind of guy.

You should have seen the look on his face when it happened. It was more of a twitch than a real movement—but for the first time since my accident, I had initiated the tiniest of contractions.

Between Solomon and the doctors and nurses, you'd have thought Babe Ruth had hit a grand slam. At that moment, my first thought was how much I wished my first doctor—the one who'd been so positive I'd be paralyzed for life—had been there to see it.

"Okay, enough for your first day," Solomon said.

"Not so fast," I responded. "Two more for the Gipper."

**April 1, 9:20 a.m.** On the top floor of the Heaton Pavilion at Walter Reed is a little-known facility called Ward 72, with bulletproof windows and a direct-access elevator. The six VIP rooms contain antiques and artifacts donated by leaders from all over the world. One room is reserved for the President, another for the First Lady.

After I had spent a week in the ICU, the doctors determined that I was able to move up to Ward 72, and since the President was in excellent health, they moved me into the Presidential Suite. At age 100, Senator Strom Thurmond was happy to have the company; he was in the room next door. While the amenities sound extravagant, the truth is I was still fighting to survive, and the private dining room was of zero interest to me. But the restricted access was important.

We were overwhelmed by well-wishers: Friends, coworkers, and people I didn't even know had tried to come by even while I was in the ICU. I was looking forward to the peace of the private ward, and within five minutes, I had drifted into a deep sleep. Unfortunately, not deep enough. Carolyn did her best to grab the phone before it woke me, but the calls were nonstop. "Hugh would love to see you, but he's not strong enough for visitors yet," I could hear her say again and again. I awoke once as she was saying, "I will most certainly pass along your message ... We appreciate your call." She hung up and shook her head. "We have got to have them turn off this ringer ... and President Bush sends his best."

Midafternoon, Solomon arrived. "I hope you're ready to rumble, General, because today I'm going to have you up and walking."

"Don't we wish," I said with a smile.

"Glad you're smiling now because you won't be by the time I'm finished." He shot back a smile of his own, one that strangely reminded me of Hannibal Lecter's expression before he devoured his victims. "The last thing you want is for those muscles to atrophy or for a blood clot to develop."

"I feel very light-headed," I said. "But let's get on with it." I was 220 pounds of dead weight, so it took Solomon and another physical therapist, who looked like he could play middle linebacker for the Redskins, to hold me vertical. As soon as they did, the room started to spin. I said, "Better put me down; I'm going to faint."

"Try harder," Solomon responded.

The last thing I remember before losing consciousness was frantic cries of "Code Blue."

**11:35 a.m.** I regained consciousness to a cacophony of questions: "What's your name?" "Where are you?" "Why are you here?"

"I'm General Hugh Shelton, I'm at Walter Reed, I think I just fainted, and apparently I'm doing better than you are," I said, indicating one of the doctors hovering over me—this one drenched in sweat and panting.

"I'm fine too," she said. "I just sprinted up three flights of stairs when I heard the code alert." After a rigorous examination, they determined that I was correct—I had fainted, either from overstimulation of the vagus nerve resulting in a dilation of my blood vessels or an inadequate constriction of the blood vessels. By the looks of Solomon, it had scared him to the point of nearly having a heart attack of his own.

The good news was he wouldn't let up on me. From then on, I had to wear an abdominal binder and compression stockings to help facilitate vascular constriction (a similar principle to a fighter pilot's G suit), and at every PT session, a cardiologist would accompany us.

Solomon continued with seemingly impossible demands, and I challenged myself to meet every one of them. That tiny twitch became a movement I could control, which led to greater movement and eventually to taking a step on my own. My left side was responding but not my right, and that soon became Dr. Ecklund's next challenge. There was a very real possibility that the progress I was making on my left side would never be duplicated on my right.

**April 5, 7:00 p.m.** Carolyn had moved into the First Lady's Suite. It's a good thing it was so spacious because I was receiving thousands of get-well wishes, and Carolyn's suite became her office. Mail came from kings, prime ministers, and other heads of state, yet many more cards were handmade by elementary school students. Until that point, I'd had no idea how many lives I had touched, and I was inspired and humbled.

**April 7, 2:49 p.m.** All morning, I had been feeling incredible abdominal pain. I did my best to tough it out. By



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afternoon the pain was so excruciating that I was unable to breathe properly. Doctors and nurses surrounded me and fired off questions until I heard a brusque voice call out, "Clear the way." Like the waters of the Red Sea, the medical staff parted and in walked a tough, stocky firebrand who was chief of surgery, Colonel Mary Maniscalco-Theberge—or Dr. Mary, as we called her. "What's your pain level?" she asked.

"About a 7.5."

"If he's telling you it's 7.5, it's probably more like 12," one of the nurses said. Dr. Mary nodded, then asked more questions. Midway through one of them, I winced—it felt like I had been stabbed.

"Get him to CT, stat," Dr. Mary commanded. "The general has a pulmonary embolism."

That kicked everybody into hyperdrive. There's a joke at Walter Reed that the last thing a patient sees before he dies is the row of flashing lights in the hallway outside surgery (since the ward staff would prefer the patient die in surgery rather than under their watch), and it was that row of lights I saw before I was overcome with the final stabbing pain.

**4:10 p.m.** The CT confirmed Dr. Mary's diagnosis—the blood clot had traveled from my leg and into my lung. In probably only minutes, it would have killed me. But the medication offered immediate relief, and once again, it seemed I had cheated death.

**April 16, 9:40 a.m.** "There's no damn way you're going to get me to eat with that thing," I said, looking at a giant fork. Captain Chuck Quick was a fine occupational therapist, and I'm sure he thought, Just what I need, a stubborn general to give me crap.

Quick had come in to start me on a program to undertake everyday tasks such as eating and buttoning a shirt. Some tools of his trade were oversized utensils, huge pencils, and such. I figured if I was going to start writing, teach me how to do it with a regular pencil. I sure as hell wasn't going to walk into my bank and whip out one of those big things.

"You are not going to believe who just showed up at the hospital," my wife said.

Privately, no one believed I would reach the stage of being able to use normal things. But they decided to humor me.

**May 2, 5:45 p.m.** Carolyn hung up the phone and was almost speechless. "You are not going to believe who just showed up," she said. She was unaffected when Presidents Clinton and Bush called, and she didn't miss a beat during her chat with the king of Jordan. I could not conceive of who would prompt such a reaction. Then I heard a quick knock, and my room door eased open. A full

head of snow-white hair appeared.

"Mother?" I asked. "How in the world did you get here?"

"It wasn't by horse," she said, still shaking from traversing downtown D.C. traffic in the heart of rush hour. She came over and gave me a kiss on the cheek. "Are you doing okay?"

"I was, but now I think I'm in shock." To this day, I can't imagine my 85-year-old mother driving her Chevy Caprice eight hours from the farm to the medical center.

"Mary Vanice wanted to come, but she was feeling a little under the weather," she said, referring to her younger sister, who was 83.

I saw the doctor approaching my neck with a huge lidocaine needle. No way, I thought.

It goes without saying that as much as I appreciated my high-powered visitors, all of them combined couldn't top how loved I felt when Mother walked into that room. Years later, after she died, we found a three-by-five index card on which she had written out the directions the hospital had given her. We still have that card.

Bright and early the following morning, Dr. Ecklund came in to perform a series of strength tests, just as he had every morning. "Okay, let's see you move the toes on your right foot," he would say day after day. I would strain with all my might, and nothing would happen. This day began with the same ritual. "Let's say we make today the day, okay?" he began. As always, I gave it my all.

"It moved!" he hollered. Finally, the nerves were connecting to the right side of my body.

**May 28, 8:30 a.m.** "Are you sure you're okay operating on my spine the day after Memorial Day?" I asked.

"Absolutely. I've always found that a six-pack or two tends to steady my hands," Dr. Ecklund joked.

"Good answer. Let's do it," I said. The procedure was called a laminectomy and instrumented fusion, and it entailed removing pieces of four cervical vertebrae that had been compressed and rebuilding them with the help of titanium screws and rods. The worst part was that I had to ventilate myself. The thought of running a tube down my own throat caused great anxiety; however, the anesthesiologist explained that since they couldn't bend my head back because of the collar, they were concerned that they might damage my throat. So they brought in a device that reminded me of a peace pipe, and I breathed in fumes that were supposed to help numb my throat. After a few minutes, I looked up and saw the doctor approaching my neck with a huge lidocaine needle.

No way, I thought. But as the needle was inserted, I drifted off. Later they



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The Shelton family in Morehead, North Carolina, July 3, 2010.

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said I'd done a great job of ventilating myself. I'll have to take their word: Thankfully, I don't recall doing it.

Before the operation, they'd told me, "You'll be conscious only to the extent that you can respond to our instructions. You won't be able to speak, so as we go from limb to limb, we'll have you squeeze our fingers to signal that the area is not causing you pain."

During the procedure, the doctors made the rounds from limb to limb, and at each point, I squeezed their fingers, signaling that it was okay—but all was not okay. I felt tremendous pain in my neck, but since it wasn't on the checklist and I couldn't speak, I had no way of advising them. It was the worst of all worlds—something was terribly wrong, and I had no way of letting them know. Suddenly, as if by magic, someone adjusted my head and the pain went away.

The next thing I knew, I was in the recovery room. "It all went according to plan," Dr. Ecklund said as calmly as if he'd just finished his morning coffee.

**A year after** I left Walter Reed, able to walk and work again, I bumped into Major Michael Rosner, chief resident of neurosurgery at the hospital. "General, we see a lot of people with spinal cord injuries," he said, "and almost every one of them goes into a deep depression. Up until you, we couldn't tell them anyone had recovered. What you have done will provide hope to all the patients we see."

If that is true, then maybe getting out there to trim that old oak tree wasn't such a bad choice after all.

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- ☑ Neuropathy
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Little did I know when I ordered the Exercise 2000 Elite® that it would prove valuable to my wife of 62 years. I got it for the stiffness in my legs and it works perfectly to get me loosened up after playing tennis in the morning. When I come home I immediately get on the Exerciser 2000 Elite® for ten minutes and I feel great! My wife suffers from restless leg syndrome at night. Instead of walking the floor for a long period of time, she just gets on the Exerciser for ten minutes and the symptoms subside. —*Dick P.*

I am 76 years old, heavy, stiff with arthritis and a leukemic for the past nine years. Using your machine twice a day has made me feel ten years younger. I also have a great deal more energy. When you say that your company is in the business of "helping people feel better", it is no fib! —*Kate B.*

I am 97 years old and have edema in my left foot and leg. My daughter saw the Exerciser 2000 in an ad and encouraged me to try it. It is helping a lot and I feel alive again. Thank you!—*Grace R.*

After using the Exerciser 2000 Elite® twice a day for one week the swelling in my ankles went away. It has also helped my breathing, as I can get out and walk without having to stop and catch my breath! Thank you. —*Shirley H., Florida*

I am an 88 year old woman with multiple health problems. After seeing the ad for the Exerciser 2000 Elite® I ordered it and use it daily. I can tell it has improved circulation in my legs and by doing that it has helped my balance and walking problems. To those of you that think that you can't do regular exercise anymore, try this piece of equipment and you will be amazed how much better you will feel. —*Mildred F.*

As a Chiropractor, I would say the Exerciser 2000 enables people to benefit themselves at home. It is a valuable asset in moving lymph fluid, oxygenating the blood, increasing immune system function, maintaining mobility in the spine, and freeing up a spine that had become stiff and arthritic. —*Garry G., D.C.*

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# Quotes

## Laughter is the shortest distance between two people.

*Victor Borge*

Where you stand should not depend on where you sit. *Jane Bryant Quinn*

Storms come, and they are so personal, they seem to know your address and have the key to your house.

*The Reverend Jesse Jackson*

In real life, I assure you, there is no such thing as algebra. *Fran Lebowitz*

Everybody needs his memories. They keep the wolf of insignificance from the door. *Saul Bellow*

When you're out of willpower, you can call on stubbornness. *Henri Matisse*

Faith is much better than belief. Belief is when someone else does the thinking.

*R. Buckminster Fuller,*
designer and architect

## I never learned anything while I was talking.

*Larry King*

Hard work spotlights the character of people: Some turn up their sleeves, some turn up their noses, and some don't turn up at all. *Sam Ewing,*
radio announcer and writer

To understand a new idea, break an old habit. *Jean Toomer,* poet

ILLUSTRATED BY JOHN KASCHT

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# Word Power

BY MONIQUE RIEDEL

## Perchance to Dream ...

With daylight saving time ending and winter just around the corner, the bears are not the only ones getting ready to hibernate. The colder weather and longer nights make our warm beds all the more inviting, so snuggle up with this relaxing quiz on sleep-related terms. **Answers on next page.**

**1. somniloquist** *n.*—A: sleep talker. B: loud snorer. C: story reader.

**2. eiderdown** *n.*—A: hotel turndown service. B: organic sleeping pill. C: duck-feather-filled comforter.

**3. hypnopompic** *adj.*—A: brought about by hypnosis. B: prewaking. C: coma-like.

**4. pandiculation** *n.*—A: undressing. B: closing one's eyes. C: stretching.

**5. tenebrous** *adj.*—A: dark. B: prone to sleeplessness. C: exhausted.

**6. torpor** *n.*—state of ... A: sluggishness. B: wakefulness. C: reverie.

**7. quiescent** *adj.*—A: at rest. B: lacking sleep. C: silent.

**8. bruxism** *n.*—A: sudden waking. B: teeth grinding. C: bed-wetting.

**9. coverlet** *n.*—A: bathrobe for royalty. B: sleeping mask. C: bedspread.

**10. siesta** *n.*—A: mug for warm milk. B: afternoon nap. C: Spanish lullaby.

**11. soporific** *adj.*—A: sleep-inducing. B: nightmarish. C: restless.

**12. REM sleep** *n.*—stage of sleep during which ... A: you're most likely to dream. B: sleep is the deepest. C: you're least likely to dream.

**13. negligee** *n.*—A: sleep attire sometimes worn by women. B: someone who ignores the need for sleep. C: extra-plush slippers.

**14. languish** *v.*—A: pretend to sleep. B: breathe shallowly. C: lose vitality.

**15. boudoir** *n.*—A: woman's bedroom. B: four-poster bed. C: decorative pillow.

**16. davenport** *n.*—A: fuzzy nightcap. B: pullout sofa. C: pleasant daydream.

## Sound Smarter

Here's a grammar rule not worth losing sleep over but certainly worth heeding: the difference between *compare with* and *compare to*. *Compare with* means "to place side by side, noting differences and similarities," as in: "Warren's boss noted his inconsistency as she compared his goals with his yearly performance." Use *compare to* when you want to note only similarities, usually between unlike objects, as Shakespeare did: "Shall I compare thee to a summer's day?"

ILLUSTRATED BY LUC MELANSON

# Answers

**1. somniloquist**—*[A]* sleep talker. He married a *somniloquist* and never lacked for nighttime conversation.

**2. eiderdown**—*[C]* duck-feather-filled comforter. Noting the hotel's firm mattress and soft, fluffy *eiderdown*, a weary Josie anticipated a cozy night.

**3. hypnopompic**—*[B]* prewaking. After watching *Monday Night Football*, the students floated into class the next morning in a *hypnopompic* state.

**4. pandiculation**—*[C]* stretching. Frank's lengthy yawn and *pandiculation* gave his dinner guests the hint to call it a night.

**5. tenebrous**—*[A]* dark. Donna tripped over the skates as she groped for the light switch in the *tenebrous* room.

**6. torpor**—*[A]* state of sluggishness. After playing in the sun all morning, John lazed about in a *torpor*.

**7. quiescent**—*[A]* at rest. The rowdy kids were finally *quiescent* after the TV was switched on.

## Deep Roots

Can you spot ways in which the Greek ***nárkē,*** meaning "numbness," appears in modern sleep terms? It's the basis (along with *lêpsis*, "seizure") for *narcolepsy*, a disorder characterized by uncontrollable spells of sleep. It's also at the root of *narcotic*, a drug that can induce sleep or produce a dull, pain-free (sleeplike) condition.

**8. bruxism**—*[B]* teeth grinding. Kyla's nightlong *bruxism* sounded like a chain saw.

**9. coverlet**—*[C]* bedspread. Stephanie chose a bright purple *coverlet* to match the room's garish decor.

**10. siesta**—*[B]* afternoon nap. Rob lay down for a postlunch *siesta*.

**11. soporific**—*[A]* sleep-inducing. The *soporific* play caused many audience members to run for coffee during intermission.

**12. REM sleep**—*[A]* stage of sleep during which you're most likely to dream (REM is short for "rapid eye movement," characteristic of this stage). Waking suddenly from her *REM sleep*, Jesse could recall her dreams in perfect detail.

**13. negligee**—*[A]* sleep attire sometimes worn by women. Lisa donned her *negligee* and waited for her groom in the honeymoon suite.

**14. languish**—*[C]* lose vitality. After a long day at the office, Sonja *languished* on the sofa and fell asleep.

**15. boudoir**—*[A]* woman's bedroom. Stressed about her interview the next day, Sonja wandered to her lavender-scented *boudoir* for a good night's rest.

**16. davenport**—*[B]* pullout sofa. Cormac invited his guest to sleep on the *davenport*.

### VOCABULARY RATINGS

**• 10 and below: sleep deprived**
**• 11–13: well rested • 14–16: wide-awake**

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### What do the Settlements Provide?

AstraZeneca will pay $90 million in the Nationwide Settlement ($40 million will go to a separate settlement with certain large insurers). AstraZeneca will pay $13 million in the Massachusetts Settlement. After deducting attorneys' fees (not to exceed one-third of both Settlements), expenses, and other costs, the net fund will be distributed in cash to consumers, as well as to insurers and other entities who are included. Up to 11.11% of the net fund in each of the Nationwide Settlement and the Massachusetts Settlement will go to consumers.

### What can I get from the Settlements?

The amount of money you are eligible to receive will depend on how much Zoladex® you purchased, and on how many Class Members file valid claims. For claims during the years 1997 through 2004 you may receive up to three times your out-of-pocket payments for Zoladex®.

### How do I get a payment?

You will need to submit a Claim Form by **February 15, 2011** to get a payment. Get a Claim Form at the website or by calling the toll-free number.

### What are my other rights?

If you do not want to be legally bound by a Settlement, you must exclude yourself from that Settlement. The deadline to exclude yourself from a Settlement is **December 31, 2010**. If you stay in a Settlement you will not be able to sue AstraZeneca for any claims relating to that Settlement. If you stay in a Settlement, you may object to that Settlement by **December 31, 2010**.

The Court will hold a hearing on **January 21, 2011** to consider whether to approve the Settlements and a request for attorneys' fees. The Court has appointed attorneys to represent the Class. You or your own lawyer may ask to appear and speak at the hearing at your own expense.

**For More Information: 1-888-812-1643 www.AstraZenecaSettlement.com**

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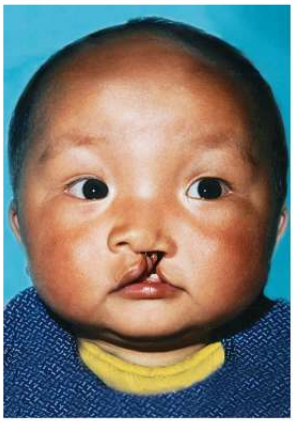

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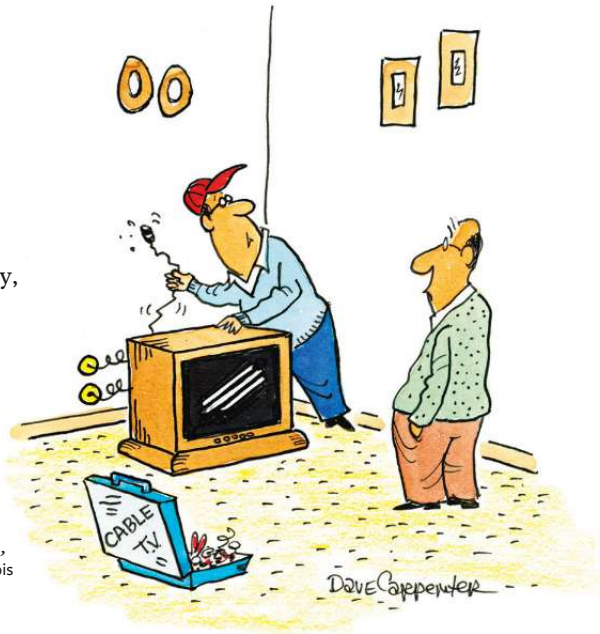
# Life

Our 25-year-old son moved back home with an eye toward socking away money to buy a condo. We never bothered asking how long he'd planned to stay, but I got a pretty good idea when I walked into his room recently. In the corner was a milk jug with a few coins in it and a label that read "Condo down payment."

*Teresita Corcuera,* Orland Park, Illinois




*"Here's your problem, sir. You had your right-wing news cable connected to your left-wing outlet."*

**When our minister** and his wife visited our neighbor, her four-year-old daughter answered the door. "Mom!" she yelled toward the living room. "God's here, and he brought his girlfriend."

*Kristen Kimball,* Rochester, Minnesota

**My wife is a** by-the-recipe baker. But that attention to detail still hasn't made her chocolate chip cookies taste any better. One day, after the cookies had been in the oven a while, I smelled a familiar odor. "They're burning," I shouted.

"I know," she said nonchalantly. "Aren't you going to take them out?"

"No. They still have six minutes."

*William McEwen,* Carrollton, Texas

**From our local TV news station, this undeniably true travel suggestion: "Next up, ten money-saving tips for your trip to Hawaii. Don't go away!"**

*Alois Sferrazza,* Knoxville, Tennessee

**My techie husband** and I were walking in the high desert when he stopped to photograph one stunning

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vista after another. Overcome by the sheer beauty, he paid it his ultimate compliment: "Everywhere I look is a screen saver!"

*Laurie Eynon,* Atlanta, Georgia

## Life 101

*Experience is a great teacher, especially when it's someone else's. These examples were submitted to learnfrommyfail.com:*

- "When trying to compliment your girlfriend, tell her that she is prettier than her sister, not that her sister is uglier than she is."
- "Never name a goldfish after your child, or his younger brother might go to school and tell his teacher that Eric died."
- "When a coworker calls to say she's going to be late because she 'has to wait for the paramedics,' don't respond, 'Okay. Have fun!'"
- "When your boyfriend is rehearsing for a play, don't tell your roommate that he is 'upstairs doing lines.'"

**"What's the difference** between an optimist and a pessimist?" I asked my husband.

He thought for a minute before responding, "An optimist is the guy who created the airplane. A pessimist is the guy who created the parachute."

*Suzan L. Wiener,* Spring Hill, Florida

**I picked up my** nine-year-old daughter from school and asked how her day had gone. A few minutes later, I repeated the question, and again a few minutes after that. Instead of annoyed, Ariana was philosophical.

"Mom," she said, "your amnesia is my déjà vu."

*Claire Aponte,* Rochester, New York

## 'Nuff Said

PAUL WAINWRIGHT

**Your favorite new joke, funny anecdote, or crazy news story might be worth $$$. See page 54 for details.**

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